



# LOS ANGELES UNIFIED SCHOOL DISTRICT

## POLICY BULLETIN

**TITLE:** Carlson Home Instructional Program and Hospital School-Revised

**NUMBER:** BUL-1229.1

**ISSUER:** Donnalyn Jaque-Antón, Associate Superintendent  
Division of Special Education

**DATE:** November 28, 2005

**ROUTING**  
 All Locations  
 Local District Superintendents  
 Local District Directors  
 Support Unit Administrators  
 Physicians  
 Nursing Coordinators  
 School Site Administrators  
 School Nurses

**POLICY:** It is the District’s policy, in accordance with state law, that students whose medical needs or other circumstances prevent them from attending school shall continue to receive an educational program. This Policy Bulletin provides information related to the provision of that program through the Carlson Home Instructional Program and Hospital School, when this option is appropriate.

- MAJOR CHANGES:**
- This Policy Bulletin replaces BUL-1229.0, adding clarification in the section addressing allocation of services.
  - The cumulative record carrying school must readmit a student when the student provides a completed medical release from his/her attending California licensed physician/psychiatrist, as appropriate.
  - The cumulative record carrying school must provide textbooks and/or materials to the Carlson teacher for the duration of their student’s Carlson enrollment.

**BACKGROUND:** Instruction in the home or hospital is provided in accordance with District policy and state law for eligible students whose noncontagious temporary medical disability prevents attendance in regular day class or alternative educational program for a limited period of time. The intent of this service is to maintain continuity of the student’s instructional program during the interim period of disability. A home/hospital teacher provides instruction in subjects/courses correlated with the student’s school program to the extent possible. Home/hospital instruction is designed as a temporary service. It does not replace, over an extended period of time, the regularly required instructional program.

**INSTRUCTIONS:** I. ELIGIBILITY CRITERIA

Instruction in the home or hospital may be offered for a temporary period of time to eligible students for both medical and non-medical reasons as approved by a California licensed physician, a Special Education Support Unit Administrator or the Administrative Coordinator of the Nonpublic Services Department.



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### INSTRUCTIONS:

Instruction in the home/hospital is provided for eligible students, including those with a current Individualized Education Program (IEP) or a Section 504 Plan, who meet the following eligibility criteria under Section A or B.

- A. Home Instruction: Students who reside within the boundaries of the Los Angeles Unified School District may be eligible for instruction in the home if:
1. The student has a noncontagious condition(s) or temporary physical disability that cannot be accommodated at his/her school. School age students who are homebound are eligible for instructional services on their first day of confinement when such confinement is anticipated to result in non-attendance for more than ten (10) consecutive school days, as verified by the medical diagnosis of a California licensed physician/psychiatrist. The parent must authorize the temporary transfer of educational duties.
- or:
2. The student is authorized to receive home instruction by the Special Education Support Unit Administrator or the Administrative Coordinator of the Nonpublic Services Department. The parent must authorize the temporary transfer of educational duties. (*For some secondary students, Teleteaching – instruction via telephone - may be more appropriate.*)
- B. Hospital Instruction: Students who reside within the boundaries of the Los Angeles Unified School District may be eligible for instruction in the hospital when the attending physician/psychiatrist estimates hospitalization for more than ten (10) consecutive school days and authorizes service to begin. The parent must authorize the temporary transfer of educational duties. Only hospital personnel may refer for this service.
- C. Students who ordinarily reside outside of the country must contact the Los Angeles Unified School District Foreign Students Admissions Office at (213) 745-1976 prior to the student's applying for home/hospital instructional services.

### II. REFERRAL PROCEDURES

- A. Requests for home/hospital teaching can be made by the student's cumulative record carrying school, medical care provider or social worker. Upon request, the cumulative record carrying school must:



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### INSTRUCTIONS:

1. Provide the parent with “Medical Referral for Home Instruction/Teleteaching” (Attachment A) or “Psychiatric Referral for Home Instruction/Teleteaching” (Attachment B) and a return envelope addressed to:  
  
“School Nurse, Carlson Home Instructional Program and Hospital School, 10952 Whipple St., North Hollywood, CA 91602.”
  2. Instruct the parent/guardian that it is his/her responsibility to mail or fax the completed form to: Carlson Home Instructional Program and Hospital School.
- B. The request for Non-Medical Referral for Interim Home Instruction/Teleteaching (Attachment C) is completed by the school and sent to the Special Education Support Unit Administrator or Administrative Coordinator of Nonpublic Services Department for authorization.
- C. The Medical Referral for Hospital Instruction (Attachment D) is activated and completed by hospital staff only. This form is included for information only.

### III. ASSIGNMENT, ALLOCATION AND PROVISION OF SERVICES

#### A. Assignment and Allocation of Services

1. Assignment: Instruction in the home/hospital will commence:
  - a. When the attending physician/psychiatrist (for medical and psychiatric referrals) authorizes service to begin.
  - b. When the Special Education Support Unit Administrator or Administrative Coordinator of Nonpublic Services Department (for non-medical referrals) authorizes service to begin.
2. Allocation of Services
  - a. Students enrolled in a full day kindergarten program and in grades 1-12+ will be provided the equivalent of sixty (60) minutes of instruction per scheduled school day.
  - b. Kindergarten students enrolled in a half day program and preschool students will be provided the equivalent of thirty (30) minutes of instruction per scheduled school day.
  - c. Secondary students are provided instruction in two basic subject areas aligned to the California State Content Standards unless additional courses are approved by a Carlson administrator. Elementary students are offered instruction in



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### INSTRUCTIONS:

- d. Students with an IEP and students with a Section 504 Plan are provided instruction in accordance with their respective IEP or Section 504 Plan.
- 3. Students referred from year-round schools are eligible for services during their “on track” and authorized Intersession/ESY periods only.

### B. Provision of Services: Instructional services will be provided by a teacher from the Carlson Home Instructional Program and Hospital School. The Carlson teacher will:

- 1. Contact the parent or appropriate hospital personnel to schedule instruction.
- 2. Coordinate enrollment, attendance and discharge dates with the cumulative record carrying school.
- 3. Contact the cumulative record carrying school to determine official course titles and appropriate coursework and collaborate with the students’ teacher(s).
- 4. Be responsible for the administration of all State and District-wide assessments, as appropriate.
- 5. Participate in the Section 504 Plan and/or IEP process by giving input as to whether or not the present goals and objectives were met and providing information regarding the present levels of performance, suggested goals and the ITP, if appropriate.
- 6. Provide periodic report of IEP progress in accordance with IDEA.

### The cumulative record carrying school must:

- 1. Provide a copy of the student’s transcript (including marks at the time the student left), current IEP, and all other required records.
- 2. Provide appropriate student textbooks and/or instructional materials for the duration of the home/hospital instruction and collaborate with the assigned Carlson teacher to provide educational continuity.
- 3. File home/hospital teaching reports and other relevant data in the student’s cumulative record.
- 4. Maintain the student’s permanent records including (but not limited to) cumulative record, health records and special education information.



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### INSTRUCTIONS:

5. Hold a place to readmit the student into the same or similar instructional program as offered prior to the student's temporary absence.
6. Convene all IEP and/or Section 504 Plan meetings when they are due and/or when the student's current medical condition results in a significant change in the present levels of performance and/or eligibility.
7. Identify the Carlson teacher as a participant in the Welligent web-based IEP system.
8. Notify the Carlson office of the scheduled IEP meeting in accordance with District guidelines.

### IV. TERMINATION OF SERVICE AND RETURN TO SCHOOL

- A. Based on the anticipated discharge date from the Home/Hospital Instructional Program as indicated on the student's original Medical Referral for Home Instruction/Teleteaching (Attachment A), or Psychiatric Referral for Home Instruction/Teleteaching (Attachment B), or Non-Medical Referral for Interim Home Instruction/ Teleteaching (Attachment C), or Medical Referral for Hospital Instruction (Attachment D), the Carlson teacher must:
  1. Advise the parent to obtain a written medical release from the attending physician/psychiatrist (required for returning to school), as appropriate.
  2. Assign, in cooperation with the cumulative record carrying school, final grades and/or credits as appropriate.
  3. Send the cumulative record carrying school all instructional records immediately following the student's discharge from the program.
  4. Return to the cumulative record carrying school all student textbooks and/or instructional materials provided.
- B. The cumulative record carrying school must:
  1. Readmit the student when the student provides a completed medical release from his/her attending California licensed physician/psychiatrist, as appropriate.



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### INSTRUCTIONS:

2. Readmit the student, into the same or similar instructional program as offered prior to enrollment in the home/hospital program. This includes Magnet schools and previously non-capped students at their previous school of residence.
3. Convene an IEP or Section 504 Plan meeting within thirty (30) days of student readmittance to address a change/update in medical information, goals, objectives and/or educational placement, if needed.

### AUTHORITY:

This is a policy of the Superintendent of Schools, Los Angeles Unified School District.

### RELATED RESOURCES:

California Education Code, Section 48206.3 (b) (1), provides for individual instruction in the home or hospital for students with temporary disabilities. California Education Code, Section 48206.3 (2), defines students with temporary disabilities. California Education Code, Section 56363 (a) (b), provides for instruction in the home or hospital for students with disabilities.

### ATTACHMENTS

Attachment A: Medical Referral for Home Instruction/Teleteaching  
Attachment B: Psychiatric Referral for Home Instruction/Teleteaching  
Attachment C: Non-Medical Referral for Interim Home Instruction/Teleteaching  
Attachment D: Medical Referral for Hospital Instruction

### ASSISTANCE:

For assistance or further information, please contact Jann Merithew, Administrator, Carlson Home Instructional Program and Hospital School at (818) 509-8759 or [jmerithe@lausd.k12.ca.us](mailto:jmerithe@lausd.k12.ca.us).

For information on additional programs available to students with medical and non-medical concerns, not in association with Carlson Home Instructional Program and Hospital School, contact:

Teleteaching: City: (323) 731-8633  
Valley: (818) 349-5707

City of Angels School (Independent Study Program): (213) 745-1100

Educational Options Unit: (213) 241-4586

Pregnant Minor Program: McAlister H.S. (213) 381-2823

Riley H.S. (323) 563-6692

**MEDICAL REFERRAL FOR HOME INSTRUCTION/TELETEACHING**

**SCHOOL:** Please complete *Student Information* area below and send to the student's parent/legal guardian for completion by the student's physician. Include a return envelope addressed to: School Nurse, Carlson Home Instructional Program and Hospital School, 10952 Whipple St., No. Hollywood, CA 91602. Phone: (818) 509-8759 FAX: (818) 505-0246.

**Student Information**

Name \_\_\_\_\_  M  F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gr. \_\_\_\_ Language \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Parent/Guardian Language \_\_\_\_\_ Cum  
Carrying School \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Track \_\_\_\_ Local District \_\_\_\_  
Last date of attendance \_\_\_\_\_ Does the student have a Section 504 Plan?  Yes  No  
Does student have a current IEP?  Yes  No Eligibility \_\_\_\_\_ Review Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT/LEGAL GUARDIAN AUTHORIZATION TO RECEIVE/RELEASE MEDICAL AND ACADEMIC INFORMATION AND TEMPORARY TRANSFER OF EDUCATIONAL DUTIES:**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

(See reverse side for explanation)

**PHYSICIAN:** A request for Home Instruction has been made for the above-named student. The California Education Code §44873 requires that a licensed California physician file a statement which includes a medical diagnosis to the extent that the student is unable to attend classes on any school campus. If educational services are authorized at this time, please complete, sign below and return this form via U.S. Mail in the enclosed envelope or FAX to: (818) 505-0246.

**Questions: Call the School Nurse, Carlson Home Instructional Program and Hospital School at (818) 509-8759**  
**Attending Physician's Statement**

Diagnosis: \_\_\_\_\_

Summary of Medical Problem/Therapeutic Plan: \_\_\_\_\_

What aspects of the therapeutic plan are being implemented to enable the student to return to school? \_\_\_\_\_

Precautions/Restrictions: \_\_\_\_\_

Is student now hospitalized?  Yes  No If Yes, where? \_\_\_\_\_ Anticipated Discharge Date \_\_\_\_\_

Is student contagious?  Yes  No

Is student physically capable of attending classes on any school campus now?  Yes  No

If Yes, please note restrictions, if any (ie: use of stairs, bathroom needs, Physical Education assignment, length of day, etc.): \_\_\_\_\_

Does student need a specially adapted school campus to meet his/her physical needs?  Yes  No If Yes, explain: \_\_\_\_\_

➔ Estimate date student may return to a school campus: \_\_\_\_\_  Part time  Full time

Physician's Signature \_\_\_\_\_ M.D. Date \_\_\_\_\_

Physician's Name (Print) \_\_\_\_\_ M.D. Phone: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**SEE INFORMATION ON BACK**

## **IMPLEMENTATION OF SERVICE**

**HOME TEACHING** - Carlson Home Instruction will provide five (5) hours of instruction per week in a manner consistent with California laws governing home teaching. Instruction is offered in two (2) basic subject areas unless additional courses are approved by a Carlson administrator. A responsible adult (18 years of age or older) must be present when the teacher is in the home.

**TELETEACHING** - Teleteaching is a program that utilizes a multi-lined phone system to provide educational activities in the morning hours only. Teleteaching approximates the classroom experience by permitting interaction with other students as well as with the teacher. Core classes (English, Mathematics, Science, Social Studies) are offered. Elective courses may be offered. Four (4) classes may be taken per semester.

By signing this authorization for service, the parent/guardian is agreeing to the following:

- If the student is eligible, educational services will be temporarily provided by the Carlson Home Instructional Program and Hospital School or the Teleteaching program at Widney HS or Miller HS.
- The student will be disenrolled from his/her regular school of attendance (cumulative record carrying school) during the period he/she is receiving home instruction or teleteaching. Grades and marks will be reported to the cumulative record carrying school.
- Educational information will be accessed and used to plan and provide an appropriate educational program for the student.
- Permission to provide services or access school records may be revoked via written parent/guardian request at any time.
- The parent/guardian has the right to receive a copy of this form upon request.

**PSYCHIATRIC REFERRAL FOR HOME INSTRUCTION/TELETEACHING**

**SCHOOL:** Please complete *Student Information* area below and send to the student's psychiatrist along with a return envelope addressed to:  
**School Nurse, Carlson Home Instructional Program and Hospital School, 10952 Whipple St. No. Hollywood, CA 91602.**

Phone: (818) 509-8759 FAX: (818) 505-0246

**Student Information**

Name \_\_\_\_\_  M  F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gr. \_\_\_\_ Language \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Parent/Guardian Language \_\_\_\_\_  
Cum Carrying School \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Track \_\_\_\_ Local District \_\_\_\_  
Last date of attendance \_\_\_\_\_ Does the student have a Section 504 Plan?  Yes  No  
Does student have a current IEP?  Yes  No Eligibility \_\_\_\_\_ Review Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The following modifications have been tried at the school and have proven to be unsuccessful:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/LEGAL GUARDIAN AUTHORIZATION TO RECEIVE/RELEASE MEDICAL AND ACADEMIC INFORMATION AND TEMPORARY TRANSFER OF EDUCATIONAL DUTIES:**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PSYCHIATRIST:** A request for Home Instruction has been made for the above-named student. The California Education Code §44873 requires that a licensed California physician file a statement which includes a medical diagnosis. If educational services are authorized at this time, please complete, sign below and return this form via U.S. Mail in the enclosed envelope or FAX to: (818) 505-0246.

**Questions: Call the School Nurse, Carlson Home Instructional Program and Hospital School at (818) 509-8759**

**Attending Psychiatrist's Statement**

DSM IV Diagnosis: \_\_\_\_\_

Is there a treatment plan?  Yes  No

Summary of Therapeutic Plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What medication(s) is/are the student currently prescribed? : \_\_\_\_\_

What is the severity and nature of the problem? \_\_\_\_\_

Why is the student unable to attend school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PSYCHIATRIC REFERRAL FOR HOME INSTRUCTION**

What aspects of the treatment plan are being implemented to enable the student to return to school? \_\_\_\_\_

The following modified programs or other educational options have been tried (please check all options that apply):

- Enrolled in a shortened school day.
- Enrolled in a Independent Study Program allowing the student to complete course work independently, at home, and review work once a week with a teacher for a grade.
- Developed and implemented a Section 504 Plan to accommodate student needs through program modifications (ie: modify a class schedule, adjust placement of a student within a classroom, increase/decrease opportunity for movement, quiet area to complete work, approve early dismissal for service agency appointments, etc.)
- Identified as eligible for special education services and an Individualized Education Program (IEP) was developed to consider the student's abilities, educational needs, and the appropriate placement and services.
- Referred to Teleteaching (requires the ability to participate in telephone conferences with peers and instructors).
- Other: \_\_\_\_\_

Please note: Ed Code§48200 states that each person who is between the ages of six and eighteen years and not otherwise exempted is subject to compulsory full-time education. Home instruction is the most restrictive educational placement for a student.

Comments: \_\_\_\_\_

Estimated date student may return to school: \_\_\_\_\_  Part time  Full time  
Referral not to exceed sixty (60) days. Beyond any sixty (60) day time period, a new completed referral is required for services to continue.

Physician's Signature \_\_\_\_\_ M.D. Date \_\_\_\_\_

Physician's Name (Print) \_\_\_\_\_ M.D. Phone: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**IMPLEMENTATION OF SERVICE**

**HOME TEACHING** - Carlson Home Instruction will provide five (5) hours of instruction per week in a manner consistent with California laws governing home teaching. Instruction is offered in two (2) basic subject areas unless additional courses are approved by a Carlson administrator. A responsible adult (18 years of age or older) must be present when the teacher is in the home.

**TELETEACHING** - Teleteaching is a program that utilizes a multi-lined phone system to provide educational activities in the morning hours only. Teleteaching approximates the classroom experience by permitting interaction with other students as well as with the teacher. Core classes (English, Mathematics, Science, Social Studies) are offered. Elective courses may be offered. Four (4) classes may be taken per semester.

By signing this authorization for service, the parent/guardian is agreeing to the following:

- If the student is eligible, educational services will be temporarily provided by the Carlson Home Instructional Program and Hospital School or the Teleteaching program at Widney HS or Miller HS.
- The student will be disenrolled from his/her regular school of attendance (cumulative record carrying school) during the period he/she is receiving home instruction or teleteaching. Grades and marks will be reported to the cumulative record carrying school.
- Educational information will be accessed and used to plan and provide an appropriate educational program for the student.
- Permission to provide services or access school records may be revoked via written parent/guardian request at any time.
- The parent/guardian has the right to receive a copy of this form upon request.



LOS ANGELES UNIFIED SCHOOL DISTRICT  
Division of Special Education  
Carlson Home Instructional Program and Hospital School

**MEDICAL REFERRAL FOR HOSPITAL INSTRUCTION  
FOR HOSPITAL USE ONLY**

HOSPITAL TEACHER: \_\_\_\_\_  
Print Name Print Site

When completed by the student's physician, attach to the Student Information Form and send to the Carlson office.  
**Do not enroll any student prior to completion of this form.**

**HOSPITAL NURSE:** Please complete *Patient/Student Information* area below and give to the student's physician for completion.

**Patient/Student Information**

Name \_\_\_\_\_  M  F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gr. \_\_\_\_ Language \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian Language \_\_\_\_\_

Cum Carrying School \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Track \_\_\_\_ Local District \_\_\_\_

Last date of attendance \_\_\_\_\_ Does the student have a Section 504 Plan?  Yes  No

Does student have a current IEP?  Yes  No Eligibility \_\_\_\_\_ Review Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT/LEGAL GUARDIAN AUTHORIZATION TO RECEIVE/RELEASE MEDICAL AND ACADEMIC INFORMATION:**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

(See reverse side for explanation)

**PHYSICIAN:** A request for Hospital Instruction has been made for the above-named student. The California Education Code §44873 requires that a licensed California physician file a statement which includes a medical diagnosis. If educational services are authorized at this time, please complete, sign below and return this form to the Hospital Teacher.

**Questions: Call the School Nurse, Carlson Home Instructional Program and Hospital School at (818) 509-8759**

**Attending Physician's Statement**

Diagnosis: \_\_\_\_\_

Summary of Medical Problem/Therapeutic Plan: \_\_\_\_\_

Precautions/Restrictions applicable for bedside/classroom teaching: \_\_\_\_\_

Is student contagious?  Yes  No Is student:  Inpatient  Outpatient

Admission date: \_\_\_\_\_ Anticipated Discharge date: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ M.D. Date \_\_\_\_\_

Physician's Name (Print) \_\_\_\_\_ M.D. Phone: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## **IMPLEMENTATION OF SERVICE**

**HOSPITAL TEACHING** - Hospital Instruction will be provided in a manner consistent with California laws governing home/hospital teaching. Instruction is offered in two (2) basic subject areas unless additional courses are approved by a Carlson administrator.

By signing this authorization for service, the parent/guardian is agreeing to the following:

- If the student is eligible, educational services will be temporarily provided by the Carlson Home Instructional Program and Hospital School.
- The student will be disenrolled from his/her regular school of attendance (cumulative record carrying school) during the period he/she is receiving hospital instruction. Grades and marks will be reported to the cumulative record carrying school.
- Educational information will be accessed and used to plan and provide an appropriate educational program for the student.
- Permission to provide services or access school records may be revoked via written parent/guardian request at any time.
- The parent/guardian has the right to receive a copy of this form upon request.