

Da Vinci Schools

Policy and Procedures

HOME HOSPITAL INSTRUCTION

A student with a temporary disability which makes in-school attendance impossible or inadvisable shall be entitled to receive individual instruction at home or in a hospital or other residential health facility, excluding state hospitals. (Education Code 48206.3)

Exclusions from Attendance

Temporary disability means a physical, mental or emotional disability incurred while a student is enrolled in regular day classes or an alternative education program, and after which the student can reasonably be expected to return to regular day classes or an alternative education program in which the student is enrolled. Temporary disability does not include a disability that would qualify a student for special education pursuant to Education Code 56026. (Education Code 48206.3)

Identification and Evaluation of Individuals for Special Education

At the beginning of the school year, the Chief Executive Officer or designee shall notify parents/guardians of district students regarding: (Education Code 48206.3, 48208, 48980)

1. The availability of individual instruction for any student with a temporary disability, including information regarding student eligibility for, and the duration of, individual instruction
2. The rights and responsibilities of parents/guardians of any student with a temporary disability pursuant to Education Code 48207 and 48208

Parental Notifications

Parents/guardians shall notify the principal or designee when their child is temporarily disabled and needs individual instruction at home or in a hospital or other residential health facility.

Determination of Student Eligibility

Individual instruction at a student's home or in a hospital or other residential health facility shall begin no later than five working days after the Chief Executive Officer or designee makes the determination that the student is eligible to receive individual instruction. (Education Code 48207.5, 48208)

Da Vinci Schools shall be responsible for providing individual instruction to any temporarily disabled student who is in a hospital or other residential health facility located within district boundaries, whether or not the student is enrolled in the district. If the student is enrolled in another district or charter school, the Chief Executive Officer or designee may enter into an agreement to have the student's district of residence provide the individual instruction. The Chief Executive Officer or designee may also enter into an agreement to provide individual instruction to a student who is in a hospital or other residential health facility located within the boundaries of another district. (Education Code 48208)

District Residency

Whenever Da Vinci Schools provides individual instruction to a non-district student who is in a hospital or other residential health facility located within district boundaries, the Chief Executive Officer or designee shall, within five working days of the beginning of the individual instruction, provide written

notification to the student's district of residence that, effective on the date on which individual instruction began, the district of residence may not count the student for purposes of computing that district's average daily attendance. (Education Code 48208)

A student receiving individual instruction in a hospital or residential health facility for a partial week shall be entitled to attend school or receive individual instruction at home on days in which the student is not receiving individual instruction in the hospital or other residential health facility, if the student is well enough to do so. (Education Code 48207.3)

Home or hospital instruction shall be provided only by teachers with valid California teaching credentials who consent to the assignment. (Education Code 44865)

Assignment

Insofar as possible, the teacher providing home or hospital instruction shall consult with the student's current classroom teacher(s) so as to provide a continuity of instruction that enables the student to stay abreast with the regular Da Vinci School program.

The district's attendance supervisor shall ensure that the absences of any temporarily disabled student receiving individual instruction at home or in a hospital or other residential health facility are excused until the student is able to return to the regular school program. (Education Code 48240)

Attendance Supervision

Da Vinci Schools shall offer at least one hour of instruction for every day of instruction offered by the school in the regular education program. No student shall be credited with more than five days of attendance per calendar week or credited with more than the total number of calendar days that regular classes are offered by the district in any fiscal year. (Education Code 48200, 48206.3)

Each home or hospital teaching session shall not exceed three (3) hours in duration, and the student shall receive a maximum of five (5) hours per week of individual instruction. Specific schedules based on the student's unique health care needs will be taken into consideration but shall not exceed the (3) hours in one session. Students with disabilities will receive an IEP outlining home hospital services and supports for their accommodations and modifications.

Courses Available Through Home or Hospital Instruction

K-6 and middle school/high school core curriculum subjects, such as English, Social Studies, Math, and Science (not labs), generally are available through home and hospital instruction. Courses such as honors, choir, instrument, courses with labs, foreign languages, other electives, etc., may or may not be available through online remote programs coordinated by home and hospital instructors and will be considered individually by the site principal wherever possible.

Procedures for Home and Hospital Instruction Requests

The Chief Executive Director or designee shall require the parent(s) to complete a REQUEST FOR IN-HOME OR HOSPITAL TEACHER SERVICES form and AUTHORIZATION TO RELEASE INFORMATION form and return these forms to the School Health Office/Site Enrollment Office. The form shall require, among other things, the names of and contact information for all health care providers diagnosing a health condition that prevents the student from attending school and an authorization for the district to exchange information with those health care providers. The form shall also include a physician

verification describing the limitations and/or restrictions for the student, period of confinement (maximum one semester) and the calendar date the student will return to his/her school.

A licensed medical physician shall provide a written description of the student's disabling condition. The physician shall specifically state that the student's temporary disability makes school attendance in regular day classes or an alternative education program impossible or inadvisable. The physician also shall confirm that the student will not expose the teacher to any contagious diseases.

If a parent or guardian requests temporary home or hospital instruction for a student due to an emotional disability, such disability must be diagnosed by a licensed clinical psychologist or psychiatrist authorized to make that diagnosis.

In the event a student requires home or hospital instruction beyond the calendar date the physician initially anticipated the student would return to his/her site based school program, the parent(s) shall complete another REQUEST FOR IN-HOME OR HOSPITAL TEACHER SERVICES form, including all of the information described above, and return it to the student's school.

Home Instruction

If the district approves temporary home instruction for a student with a temporary disability, the home teacher(s) will contact the student's parent or guardian to schedule the day(s) and time(s) for the individual instruction at the student's home.

Individual instruction shall occur in the student's home, unless another location is approved by the Chief Executive Officer or designee. The parents/guardians must provide a study area which is safe, quiet and conducive to learning.

A parent, guardian, or other responsible adult must be present in the home or at the agreed upon setting at all times during the individual instruction. Parents, guardians or designated adults will support instruction but will not interfere with the direct instructional activities of the home teacher, whenever possible. Feedback to the parent/guardian and designated adult about their support during instruction may be provided by the home instructor and/or principal as to how best support learning at home.

If students and parents/guardians or designated adults do not follow guidelines, including keeping scheduled appointments, unless ill, temporary instruction may be suspended.

Home Hospital Instruction During School Closures Due to Pandemic or Emergency Closure Orders

Da Vinci students previously enrolled or new student requests for a home hospital instruction program during a state or county mandated school closure shall be reviewed by a Da Vinci school health care medical professional and principal/designee. The school health care professional and principal/designee may authorize direct home hospital services to be initiated or continue if allowable during the closure period, and if the student cannot be appropriately supported through distance learning.

Da Vinci Schools shall seek guidance from the Los Angeles County Office of Education Health Services Division and LA County Department of Public Health to determine if staff and student safety provisions are met prior to sending employees or contracted staff to a student's home. This guidance is required to prevent possible transmission of viruses or other illnesses while a community outbreak is occurring or likely to occur.

Students will re-apply for the home hospital program with new physician orders outlining any additional health care actions or needs that would be required during this period. In-home teaching staff will only be assigned if the health and safety of all individuals involved in the service plan are maintained, and if the student cannot be appropriately supported through distance learning.

Remote instructional services, or distance learning, such as web-based instruction may be temporary options considered by the home hospital coordinating team for confined students during these phases of school closures to support continuity of learning, attendance and engagement in learning at Da Vinci Schools.

Return to School

A student receiving individual instruction who is deemed well enough to return to school as evidenced by physician order shall be allowed to return to the school that the student attended immediately before receiving individual instruction, if the return occurs during the school year in which the individual instruction was initiated. (Education Code 48207.3) A re-entry meeting will be held with the site principal and/or designee, school counselor or others to ensure appropriate transition back to campus.

Legal Reference:

EDUCATION CODE

44865 Qualifications for home teachers

45031 Home teachers

48200 Minimum school day

48206.3-48208 Students with temporary disabilities; individual instruction

48240 Supervisors of attendance

48980 Parental notifications

51800-51802 Employment of home teachers

56026 Individual with exceptional needs

CODE OF REGULATIONS, TITLE 5

421 Method of verification

423 Prolonged illness

Regulation Da Vinci Schools

Approved and adopted by the Da Vinci Schools: L.A. County Board on August 19, 2020

Approved and adopted by the Da Vinci Schools Board on August 26, 2020



REQUEST FOR HOME & HOSPITAL INSTRUCTIONAL SERVICES FORM

Date of Request: _____

Student Name: _____ Birthdate: _____ Grade _____

Address: _____ City: _____ CA, Zip: _____

Parent Contact: _____ Phone Home/Cell: _____

Email Address: _____ Home Language: _____

Does your child receive special services? Section 504: Yes No Special Education (IEP): Yes No
Attach copy if new to Da Vinci Schools

Reasons for Request:

Diagnosis: _____

Physician Name: _____

Physician Phone: _____ Physician Fax: _____

History:

How long has the child had the condition?

Duration: Expected time out of school (Date mm/dd/yy): _____

Student's Interests?

Special Concerns?

Parent Signature: _____ Date: _____

This signature indicates that all the information provided above is factual and confirms physician understanding that falsification of a student's home instruction can result in a student's referral to the school attendance review team and/or revocation of home & hospital enrollment.

School Office Use Only

Date received: _____ by: _____ Date : _____

Home Instructor provided? Instructor Name: _____



AUTHORIZATION FOR RELEASE /EXCHANGE OF INFORMATION

To: _____
(Physician Name)

Specialty Type: _____

(Physician Address)

Phone/Fax or Email: _____ Contact: _____

I hereby request and authorize you to release any relevant medical, social, psychological and/or test information you may have, or may receive pertaining to:

(STUDENT NAME) (DATE OF BIRTH) (SCHOOL)

The disclosure of this information is required for the following purpose(s):

HOME & HOSPITAL PROGRAM APPROVAL/CERTIFICATION

I understand that this consent is valid for (1) year from the date of signature and that I may revoke the consent, at any time, by notification in writing to either of the named agencies, and this revocation shall apply to both agencies.

Please direct the information to:

Da Vinci Administrative Offices – Home/Hospital Program
201 N. Douglas Street
El Segundo, CA 90245

I understand that I may request a copy of this authorization for personal records.

Signature: _____ Date: _____

Relationship to Student: _____



PHYSICIAN STATEMENT REQUESTING HOME & HOSPITAL INSTRUCTION

To: Physician

From: School Health Office

The school is allowed by law to provide educational services to homebound or hospitalized students only when authorized by licensed physician who is treating the student. Please note that the State of California only allows 5 hours of instruction each week during the period of confinement. This program should be used as a temporary educational option and is very restrictive.

This service will be continued as long as the student is under continued medical care and is considered to be unable to attend school. The District/Charter depends upon you to notify the school when the student's condition has improved sufficiently for him/her to be able to return to school.

This form must be resubmitted every school term (semester, trimester etc.). Thank you.

Date: _____

Name of Student: _____ Date of Birth: _____

The above-named student is unable to attend regular school classes but is ready and able to have home instruction. My medical findings and recommendations are as follows:

Diagnosis: _____

Limitations: _____

Expected duration of instruction (1 hour per day is typical, 5 hours maximum per week.):

I estimate that this student will be on home instruction until: ____/____/____ (Date)

In order to protect the health of the Home Instructor who is instructing the student in the home, please mark (X) the following statements and sign below:

___ Student is a danger to the home instructor ___ Student is not a danger to the home instructor

Any precautions or restrictions the school should take when instructing this student:

Physician Name: (Print) _____ Signature _____

Date: _____ Address: _____ Phone: _____

CA License Number: _____



PHYSICIAN RELEASE FROM HOME & HOSPITAL INSTRUCTION

This form must be completed and signed by the physician and presented to the District/Charter and confirmed prior to the student being readmitted to the school.

Please readmit: _____ to his or her regular school or classroom setting, effective: _____
(Date)

My recommendation (mark X below) for this student is as follows:

____ Regular School program ____ Special Education program (IEP services)
____ Restricted activities: Specify: _____
____ Updated medication orders for school personnel include: *

**Medication must have orders on file*

____ Specialized Health Care plan is needed:
Reason: _____

The above recommendations will be followed until further communication from the physician is received:

Comments (as needed): _____

Physician signature: _____ Date: _____

Address: _____

Phone: _____ Fax: _____

Other: _____

Copy to: School Principal/Health Office