

Ceres Unified School District  
Home & Hospital Instruction Extension Form

**PUPIL DATA** (to be completed by Educational Options)

School Site

Student Name _____	Date of Birth _____	ID: _____
Special Ed?      Yes      No	Special Ed Case Manager/Teacher _____	

**PARENT AUTHORIZATION** (to be signed by parent or legal guardian before forwarding to physician)

I hereby authorize Dr. _____ to release medical and other confidential information to Ceres Unified School District.	
_____ Signature of Parent or Legal Guardian	_____ Date

**PUPIL CURRENT STATUS** (to be completed by Ed. Options and reviewed by Physician prior to extension submission)

Student has been on Home & Hospital from: _____ through _____
<b>THE FOLLOWING INFORMATION WAS OBTAINED AND TRANSFERRED FROM THE ORIGINAL H&amp;H APPLICATION</b>
What is the diagnosis for this pupil? _____
What treatment is being prescribed? _____
Please specify the procedures/surgery anticipated: _____

**PHYSICIAN REPORT** (to be completed by physician)

<i>Information to Physician: Instruction in the home is one of the most restrictive educational placements available and must be viewed as the placement of the last resort to be utilized for the shortest time necessary. Your careful completion of the following information will assist the school to determine whether we can make adaptations for the pupil. Thank you for your assistance.</i>		
Can pupils <b>CURRENT</b> needs be served by making adjustments or adaptations, at the school site, to accommodate the special needs of this pupil?		
Yes (please proceed to adaptation section)      No (please explain why and necessary accomplishment for student to return to school):		
<b>Adaptations:</b> If Home & Hospital is <b>NOT</b> indicated, please check ANY ADAPTATIONS THAT ARE APPROPRIATE FOR THIS PUPIL:		
Rest/Snacks	Medication	Modified Furniture
Reduced Walking (i.e., modify class scheduled)	Other (please specify) _____	Modified Education
		Shorten School Day
CERTIFICATION: is it <b>medically advisable</b> for this pupil return to school with the adaptations checked above?      Yes      No		
CERTIFICATION: is it <b>medically advisable</b> for this pupil to continue Home & Hospital Study?      Yes      No		
Length of extension from School? _____ Weeks _____ Months (up to 3 months)	Reevaluation Date _____	
Physician's Name (print please) _____	Specialty: _____	
Can the pupil return to school without an additional doctors note?      No      Yes	If so, when? _____	
Physician's Address _____	Phone #: _____	
Physician's Signature: _____	Date: _____	