

San Diego City Schools  
Special Education Program Support Satellite

4455 La Jolla Village Drive\* Room B4\* San Diego, CA 92117\* 858-490-8452\* Fax 858-490-8458

**REQUEST FOR MEDICALLY HOMEBOUND/HOSPITAL PROGRAM**

PLEASE FILL OUT THIS SECTION

Date \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

Student's Legal Name (Last, First, Middle) (please indicate if alternate name has been used on school records. )

DOB \_\_\_\_\_ School \_\_\_\_\_

Birth Date/ID Number M/F Age School Current Grade

Parent/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Parent/Guardian Name Address Zip Code Telephone: Home Work

Please list the names of all health care providers and the health condition that prevents this student from attending a site-based school program

\_\_\_\_\_ Telephone \_\_\_\_\_ Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

I authorize and allow information exchange between health care providers regarding my child's care (named above) and school district staff from Health Services and Homebound programs. Information exchange may be verbal or written and any medical, psychological or testing information that is exchanged must be limited to information that is relevant to educational placement and program planning. So that it can be established that a Home/Hospital Program is the least restrictive placement for your child, permission for school health personnel to exchange information with your child's doctors is required to complete this application.

\_\_\_\_\_ Parent Guardian Signature

**Physician: PLEASE READ AND COMPLETE THIS SECTION**

We are allowed by law to provide educational services to homebound or hospitalized children whose medical or psychiatric diagnoses is severe enough to keep them at home. The school district provides many school site health services and special accommodations for students with special medical needs. If you are unfamiliar with these, contact the school nurse or the district's phone (858-627-7595). Psychiatrists and licensed clinical psychologists must certify a DSM IV psychiatric disorder. This service will continue as long as the student remains under medical care and is unable to return to school, since the law requires us to educate students in the least restrictive environment. Since school health and educational staff review all physician requests, please provide address and telephone number.

Date \_\_\_\_\_ Diagnosis \_\_\_\_\_

Describe the severity of medical problems as compared with other students with similar conditions who attend school.

Describe limitations, restrictions or precautions the home teacher should take in teaching this student.

(Month---Day---Year)

The approximate calendar date to return to a campus school is \_\_\_\_\_, (Note: Educational Services limited to those unable to attend school for **four weeks or more** from the time this document is received in the Home/Hospital office. If an extension beyond the stated date is needed, a follow-up statement may be sent in.)

Physician's Name \_\_\_\_\_ Physician's Signature \_\_\_\_\_ Physician's California State License Number \_\_\_\_\_

Physician's Address \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Home/Hospital Program Office Telephone: 858-490-8452 Fax: 858-490-8458

