

## Home/Hospital Program Form School District

District: \_\_\_\_\_

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School Name: \_\_\_\_\_

Reason for Admission:  
 \_\_\_\_\_ Medical \_\_\_\_\_ Mental Health \_\_\_\_\_ Complications from Pregnancy

Year Beginning: \_\_\_\_\_, 20\_\_\_\_\_

If admission is based on mental health reasons, was the student served in the:

Year Ending: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ Home \_\_\_\_\_ Hospital \_\_\_\_\_ Both  
 Individualized Education Program (IEP) on file: \_\_\_\_\_ Yes \_\_\_\_\_ No

Teacher name: \_\_\_\_\_

If IEP on file, date of ARC meeting where home/hospital placement was decided:

Date: \_\_\_\_\_

If applicable, contract services provided by: \_\_\_\_\_

If no IEP on file, date of HH determination by committee:

(Please attach contract and educational service plan from provider)

Date: \_\_\_\_\_

Record of Instruction in Minutes																																	
MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL MINUTES	
AUGUST																																	
SEPTEMBER																																	
OCTOBER																																	
NOVEMBER																																	
DECEMBER																																	
JANUARY																																	
FEBRUARY																																	
MARCH																																	
APRIL																																	
MAY																																	
JUNE																																	
JULY																																	

**Instructions:**

- Fill in all blanks
- Reason for Program Admission must be completed

**Note:**

Kentucky school districts should maintain Home/Hospital Program forms within the school district. Forms will be requested for inspection during scheduled Attendance Reviews.

Teacher signature: \_\_\_\_\_

If more than one teacher provides instruction, they must sign below:

Teacher name (please print): \_\_\_\_\_

Teacher signature: \_\_\_\_\_

Teacher name (please print): \_\_\_\_\_

Teacher signature: \_\_\_\_\_

Dates of instruction: \_\_\_\_\_