Home/Hospital Program Form

______________ District ______________ School

Student: ____

Date of Birth:___/____/_____ Grade:_________

School Year: 20___ - 20____

Teacher name:____

Home Hospital Beginning Date: ______________

Projected HH End Date: __________________

Extension Date (if applicable): ____________________

Reason for Admission:

Reason for Admission:

________Medical _______Mental Health ________Complications from Pregnancy

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

Individualized Education Program (IEP) on file: ________Yes ________No

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

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

If applicable, contract services provided by: ______________________________

(Please attach contract and educational service plan from provider)

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: ____

October 2019