



**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**

TITLE: Carlson Home, Hospital & Home
Online Academy Instructional
Services

NUMBER: BUL-1229.3

ISSUER: Dr. Frances Gipson, Ph.D.
Chief Academic Officer

DATE: July 2, 2018

ROUTING

All Locations
Local District Superintendents
Administrators of Instruction
Directors
PreK-12 Counseling Coordinators
SELPA Directors
School Site Administrators
Physicians
Nursing Administrators
Nurses

PURPOSE: It is the District’s policy, in accordance with state law, that TK-12 students whose medical, psychiatric needs or other circumstances prevent them from attending their current school of attendance shall continue to receive educational services through the Carlson Home Hospital School, when this option is appropriate.

MAJOR CHANGES: This Policy Bulletin replaces BUL-1229.2, *Carlson Home Instructional Program and Hospital School*, dated May 7, 2015. The major changes are:

- Tele-Teaching is now called Carlson Home Online Academy (CHOA) and provides eligible homebound students synchronous home instruction in a web-based classroom setting
- Updated referral forms
- Increased maximum timeline for students on a Psychiatric Referral or Non-Medical Referral
- Updated IEP and Section 504 procedures
- Culturally and Linguistically Responsive Resources

BACKGROUND: Instruction in the home, hospital, or residential treatment center (RTC) is provided in accordance with District policy and state law for eligible general education and special education students who reside within the LAUSD boundaries and whose temporary medical or psychiatric disability prevents attendance in a regular day class or alternative educational program for a sustained limited period of time. Carlson is generally NOT designed for students with chronic conditions, such as asthma or who are on kidney dialysis, which might result in frequent, but not sustained absences of ten (10) days or more. Instruction may also be provided to students on a Non-Medical Referral when educational services are temporarily unable to be provided through the student’s school of attendance.



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The intent of this service is to maintain continuity and strive for educational parity with the student's instructional program during the period of temporary enrollment with Carlson. A Carlson teacher who provides face-to-face (1:1) instruction provides students two core requirements [30 minutes for English Language Arts and 30 minutes for Math with an additional 30 minutes for students qualifying for English Language Development (ELD) or Mainstream English Language Development (MELD) instruction]. Students enrolled in CHOA are generally enrolled in four core requirements, each for at least 50 minutes in duration. For students with an Individualized Education Program (IEP), instruction aligns to the academic goals and objectives in the IEP. For students with a Section 504 Plan, appropriate accommodations are provided as stipulated in the plan.

Standard English Learners (EO/IFEP, African American, Hispanic American, Hawaiian American and Native American) receive MELD instruction and benefit from rigorous and engaging instructional resources that are culturally and linguistically relevant.

Home, hospital or RTC instruction is designed as a temporary service. It does not replace, over an extended period of time, the regularly required instructional program. Carlson is not a cumulative record carrying (cum carrying) school. Cumulative records, such as Individual Graduation Plans (IGP) and career pathways, immunizations and related documents remain with the student's referring school of attendance. IEP Case management, 504 plans, Resource Specialist Program and related documents also remain with the referring school of attendance.

INSTRUCTIONS: I. ELIGIBILITY CRITERIA

Instruction in the home may be offered for a temporary period of time to eligible homebound students for medical reasons as approved by a California licensed physician, a California licensed physician assistant (PA), a California licensed nurse practitioner (NP), or a California licensed Doctor of Osteopathic Medicine (DO); for psychiatric reasons as approved by a California licensed psychiatrist or a California licensed physician; or for non-medical reasons as approved by the Associate Superintendent of the Division of Special Education, Local District Superintendents, Administrator of Operations, or their designee(s) on file. Carlson is only authorized to provide services with a valid referral (as described above) and only during the duration of time authorized by the referral's signatory.



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Instruction in the hospital may be offered for a temporary period of time to eligible students for medical or psychiatric reasons as approved by the hospital attending physician/psychiatrist.

Instruction in the home, hospital or RTC is provided for eligible students, including those with a current Individualized Education Program (IEP) or a Section 504 Plan, who meet the following eligibility criteria under Section A, B, or C.

- A. CHOA Home Instruction: Students in grades 7-12 as well as middle school 6th grade students (secondary students) on the general education curriculum who reside within the boundaries of the Los Angeles Unified School District may be eligible for synchronous home instruction in a web-based classroom setting under the following criteria:
1. CHOA eligible students have a temporary medical condition(s), a temporary physical disability or a temporary psychiatric condition that cannot be accommodated at his/her school. CHOA eligible students may be eligible for instructional services on their first day of confinement when such confinement is anticipated to result in non-attendance for more than ten (10) consecutive school days, when verified by the medical diagnosis of a California licensed physician, a California licensed PA, a California licensed NP, or a California licensed DO; or a psychiatric diagnosis when verified by a California licensed psychiatrist, or a California licensed physician. The parent/guardian must authorize his/her child to be temporarily disenrolled from the school of attendance and temporarily enrolled in Carlson.
 2. CHOA eligible students are authorized to receive temporary home instruction when a Non-Medical Referral (Attachment D) is approved by the Associate Superintendent of the Division of Special Education, Local District Superintendent, Administrator of Operations, or their designee(s) on file. The parent/guardian must authorize his/her child to be temporarily disenrolled from the school of attendance and temporarily enrolled in Carlson.
- B. Face-to-Face (1:1) Home Instruction: Students in grades TK-5/6 on the General Education Curriculum and TK-12 + on the Alternate Curriculum who reside within the boundaries of the Los Angeles Unified School District may be eligible for face-to-face (1:1) instruction in the home if under the following criteria:



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1. The student has a temporary non-contagious medical condition(s), a temporary physical disability or a temporary psychiatric condition that cannot be accommodated at his/her school. School-age students who are homebound may be eligible for instructional services on their first day of confinement when such confinement is anticipated to result in non-attendance for more than ten (10) consecutive school days, when verified by the medical diagnosis of a California licensed physician, a California licensed PA, a California licensed NP, or a California licensed DO; or a psychiatric diagnosis when verified by a California licensed psychiatrist, or a California licensed physician. The parent/guardian must authorize his/her child to be temporarily disenrolled from the school of attendance and temporarily enrolled in Carlson.
2. The student is authorized to receive temporary home instruction when the Non-Medical referral is approved by the Associate Superintendent of the Division of Special Education, Local District Superintendent, Administrator of Operations, or their designee(s) on file. The parent/guardian must authorize his/her child to be temporarily disenrolled from the school of attendance and temporarily enrolled in Carlson.

Note: Home instruction will occur within the boundaries of LAUSD, and as per Ed Code 48206.3 (b)(1) within the pupil's home when other options are not available or feasible, hospital or other residential health facility.

- C. Hospital Instruction: Students who are hospitalized within the boundaries of the Los Angeles Unified School District may be eligible for instruction in the hospital when the attending physician/psychiatrist estimates hospitalization for more than ten (10) consecutive school days and authorizes service to begin. Eligibility for instruction may begin on the first day of hospitalization. The parent must authorize their child to be temporarily disenrolled from their home school and temporarily enrolled in Carlson.
- D. Residential Treatment Center (RTC) Instruction: Students who reside at an RTC within the boundaries of the Los Angeles Unified School District may be eligible for instruction in the RTC through CHOA if they are in grades 6-12 and are on the general education curriculum, when the attending physician/psychiatrist estimates an RTC length of stay of more than ten (10) consecutive school days and authorizes service to begin. Eligibility for instruction may begin on the first day



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of residency in the RTC. The parent must authorize their child to be temporarily disenrolled from their home school and temporarily enrolled in Carlson.

II. REFERRAL PROCEDURES

Referral forms to request Carlson services (Attachments A, B, C or D) may be obtained from the student's school of residence or school of attendance, or may be downloaded at <https://achieve.lausd.net/Page/13128#spn-content>. A complete copy of immunization records must accompany the referral for all students. For secondary students, a copy of the transcript and transfer grades should accompany the referral.

- A. The Home Medical Referral form (Attachment A) is completed by the physician, DO, PA or NP, and the parent/guardian. For students who are first time LAUSD enrollees, prior to enrollment at Carlson, the student is to register at the LAUSD school of residence so that a cumulative record and health card are established. The Home Medical Referral validity shall not exceed one year from the signature date of the referring physician, DO, PA or NP. For clarification regarding initial or continued eligibility for Carlson services, the Carlson school nurse may contact the physician, DO, PA or NP. If the physician, DO, PA or NP is unable to provide appropriate clarification, services or the extension of services may be denied.
- B. The Hospital Medical Referral form (Attachment B) is completed by the hospital attending physician/psychiatrist and the parent/guardian. Non-LAUSD students hospitalized at an acute hospital facility within LAUSD residential area are temporarily enrolled in LAUSD through Carlson and provided services. For students who reside at a sub-acute care facility and are also first time LAUSD enrollees, prior to enrollment at Carlson, the student is to register at the LAUSD school of residence so that a cumulative record and health card is established. The Hospital Medical Referral shall remain valid for the duration of the student's continuous hospitalization. For clarification regarding initial or continued eligibility for Carlson services, the Carlson school nurse may contact the physician, DO, PA or NP. If the physician, DO, PA or NP is unable to provide appropriate clarification, services or the extension of services may be denied.
- C. The Psychiatric Referral form (Attachment C) is completed by the psychiatrist or primary physician, the school principal/designee, and the parent/guardian. The referral shall not exceed 90 days in length. If services are needed beyond 90 days, another referral form must be



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completed. The psychiatrist or primary physician's signature is required in order for the Carlson nurse to authorize services; the principal's signature documents the accommodations that have been attempted at the student's school of attendance. For students who are first time LAUSD enrollees, prior to enrollment at Carlson, the student is to register at the LAUSD school of residence so that a cumulative record and health card are established. A subsequent Psychiatric Referral will initiate notification to the cum carrying school to consider scheduling a Student Support and Progress Team (SSPT) meeting, or review of the current IEP or Section 504 Plan. For clarification regarding initial or continued eligibility for Carlson services, the Carlson school nurse may contact the physician. If the physician is unable to provide appropriate clarification, services or the extension of services may be denied.

- D. The Non-Medical Referral for Interim Home Instruction form (Attachment D) is initiated by the school, signed by the parent/guardian, and sent to the Associate Superintendent of the Division of Special Education, Local District Superintendent, Administrator of Operations, or their designee(s) on file for authorization. The referral shall not exceed 90 days in length. If services are needed beyond 90 days, another referral form must be completed. For clarification regarding initial or continued eligibility for Carlson services, the Carlson school nurse or administrator may contact the signatory. If the signatory is unable to provide appropriate clarification, services or the extension of services may be denied.
- E. The completed referral form together with current immunization records should be faxed to (818) 505-0246, or sent to:
Carlson Home Hospital School
10952 Whipple Street
North Hollywood, CA 91602

III. ASSIGNMENT, ALLOCATION AND PROVISION OF SERVICES

A. Assignment and Allocation of Services

Upon intake to Carlson Home Hospital School, the school will determine as per the policies set forth in this bulletin the most appropriate method of delivery and location for services within the boundaries of LAUSD. Providing face-to-face instruction to secondary students who are on the general education curriculum in a student's private residence should only be considered when other options are not available or feasible. This determination will be made based on multiple factors including, but not



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limited to, the student's physical or emotional condition, access to alternative facilities, and availability of teaching personnel.

1. Assignment of Services: Instruction in the home/hospital will commence when the completed referral is reviewed and approved by the Carlson Home Hospital School principal/designee.
2. Allocation of Services
 - a. Students who qualify for Carlson services will be enrolled continuously during their illness and recuperation in order to maintain continuity and parity of educational services.
 - b. Instruction may be provided individually, in groups or by CHOA, at the discretion of the administrator.
 - c. Face-to-face (1:1) instruction in the home or hospital (See Table 1):
 - i. Students receiving face-to-face (1:1) instruction TK-12 are provided the equivalent of 60 minutes of instruction in two basic core requirement subject areas (generally one English Language Arts course and one required math course for 30 minutes each) aligned to the general education or alternate curriculum unless additional courses are approved by a Carlson administrator.
 - ii. To ensure that English Learners (EL) are provided access to standards-based instruction and English Language Development instruction, English Learners shall be provided the equivalent of an additional 30 minutes of instruction per school day to fulfill additional language instruction requirements.
 - iii. Students identified as Standard English Learners (SEL) are provided access to standards-based instruction and Mainstream English Language Development (MELD) instruction. Standard English Learners shall be provided the equivalent of an additional 30 minutes of instruction per school day to fulfill additional language instruction requirements.
 - d. Students enrolled in CHOA (See Table 1):
 - i. Students enrolled in CHOA will be provided a minimum of 60 minutes of instruction per day. Most students enrolled in CHOA are programmed into 200 minutes per day.
 - ii. Eligible secondary students grades 7-12, as well as middle school 6th grade students, on the general education curriculum will be enrolled in CHOA. Middle school students in grades 6-8 are programmed into 4 courses (English Language Arts, Math, Science and History/Social Science). High school students are generally programmed



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into 4-5 courses (at minimum one English Language Arts, Math, non-lab Science and History/Social Science, and language other than English or elective) based on student need and course availability.

- iii. English Learners enrolled in CHOA will be enrolled in an English Language Development course.
- iv. Students identified as Standard English Learners (SEL) are provided access to standards-based instruction and Mainstream English Language Development (MELD) instruction.

Table 1

	Face-to-face (1:1)	CHOA
General Ed Curriculum Grades T/K-5/6	Yes	No
General Ed Curriculum Grades 6/7-12	No	Yes
Alternate Curriculum Grades TK-12	Yes	No
Students with IEPs or 504 Plan on Gen Ed Curriculum	Yes	Yes
ELA	30 min.	50 min.
Math	30 min.	50 min.
ELD/MELD Instruction	30 min.	50 min.
Additional Courses	No	Up to 3
Settings	Home Hospital RTC	Home Hospital RTC
Responsible adult must be present during instruction	Yes	No

B. Provision of Services

1. Instructional services will be provided by a teacher from the Carlson Home Hospital School.
2. Instruction in CHOA will be provided in accordance with the published master schedule for CHOA classes.
3. Hospital instructional service hours are between 8:00 a.m. and 3:00 p.m., Monday through Friday following the traditional school calendar approved by the LAUSD Board of Education.
4. Home instructional service hours are between 8:00 a.m. and 7:00 p.m., Monday through Friday following the traditional school calendar approved by the LAUSD Board of Education.
5. For students assigned a part-time Carlson Supplemental teacher, as



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per Ed Code 51801, instruction may also occur on Saturdays between the hours of 8:00 a.m. and 1:00 p.m.

6. At all times during face-to-face instruction, a responsible adult identified in writing by the educational rights holder prior to the date of instruction must be present, even if the student is 18 or over.
7. To the extent possible, teachers will make every effort to accommodate those with special time needs. Ultimately, specific instructional hours are determined by the assigned teacher's schedule and availability. Carlson provides a qualified teacher, not a specific schedule.
8. Students with a Section 504 Plan will be provided instructional accommodations in accordance with their 504 Plan, as appropriate to the home or hospital setting. If Section 504 Plan accommodations are not appropriate to or cannot be implemented in the home or hospital setting, Section 504 Plan updates may need to be considered.
9. Students with an IEP are provided instruction in accordance with the academic goals and objectives of the IEP, as appropriate to the home or hospital setting. If IEP related content is not appropriate to or cannot be implemented in the home or hospital setting, IEP updates may need to be considered.

IV. CARLSON AND SENDING SCHOOL RESPONSIBILITIES

A. Carlson will:

1. Determine whether the student qualifies for Carlson services.
2. Assign a teacher and the method of instructional delivery. The teacher will contact the parent or appropriate hospital personnel to schedule enrollment and instruction. All enrollment paperwork, including the Meal Application, must be completed prior to the end of the first session of instruction.
3. Coordinate enrollment and discharge dates with the cumulative record carrying school.
4. Determine official course titles at the time of enrollment.
5. Determine if qualifying students are to be awarded partial credit for coursework based upon work completed. (See BUL-6718.0, *Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System*, dated August 8, 2016)
6. Provide transfer grades to the home school for students who do not qualify for partial credits.
7. For students who have an IEP, enroll the student and then notify the cumulative record carrying school of their responsibility to conduct an IEP review meeting to indicate this temporary change of placement.



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8. Notify cumulative record carrying school when there is a request for assessment for special education or Section 504 and provide appropriate response to the requesting party/individual.
9. Be responsible for the administration of all State and District wide assessments, as appropriate in the home or hospital settings.
10. For secondary students, input grades and credits into the District's student database upon course completion.
11. For students with a second (or subsequent) psychiatric referral, advise the cumulative record carrying school to:
 - a. Hold an SSPT meeting to determine whether a Section 504 Plan, special education services, or other supports might be appropriate for the general education student; or
 - b. For students who already have an IEP or a Section 504 Plan, to hold an IEP meeting to determine if any additional supports or changes are deemed necessary.
12. For students on a medical referral, notify the cumulative record carrying school when a student's current medical condition may warrant consideration for an SSPT, to determine whether additional supports and/or services, such as a Section 504 Plan and/or special education assessment may be appropriate.
13. When possible, participate in the SSPT, Section 504 Evaluation and/or IEP meeting.
14. Provide input for IEP meetings regarding present goals and objectives and provide input on the academic present levels of performance; and, suggest goals and objectives and provide input for the Individual Transition Plan (ITP), if appropriate.

B. The cumulative record carrying school will:

1. "L-2" the student when the MiSiS Withdrawal Request Form is received from Carlson, and not before.
2. Maintain the student's permanent records including (but not limited to) cumulative records, health records and special education information. Carlson is a temporary placement and does not maintain cumulative records. The cumulative record carrying school will maintain all official records. The cumulative record carrying school will file, where appropriate, all records forwarded by Carlson.
3. Conduct an IEP review team meeting when a student with an IEP enrolls at Carlson to address the temporary change of placement.
 - a. Once a student is enrolled at Carlson, an IEP team meeting must be conducted as a review meeting to document the temporary change to the home/hospital program.



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- i. The IEP team meetings must review and revise the IEP in order to clearly indicate the student's goals, special education and related services, instructional accommodations and/or modifications, or any supplemental supports or services, including low incidence (LI) equipment, needed to provide a Free Appropriate Public Education (FAPE) while the student is placed in the Carlson Home Hospital program
- b. FAPE 1 must indicate Carlson Home or Carlson Hospital, according to the referral type, as a District non-resident school.
- c. Future changes MUST indicate the placement and any supplemental services and supports that the student will receive as FAPE upon expiration of the medical, psychiatric, or non-medical authorization. If the student will matriculate to another school after the temporary placement due to a grade advancement, the IEP team must contact Special Education Operations for placement options. The agreed placement and school must be indicated in the FUTURE FAPE section of the IEP.
- d. Related services may be determined by an IEP team for the student to benefit from special education. These services will be provided by the school of residence or by the alternative educational setting while the student is placed at Carlson. If a service is medically contra-indicated, it must be documented on FAPE 2, section IV.
- e. Extended School Year (ESY) eligibility should be considered for all students with an IEP, including students in the resource program, while they are enrolled at Carlson due to lost instructional time. Refer to REF-5276.1, *Guidelines for the Individualized Education Program (IEP) Team When Students with Disabilities Are Being Considered for Extended School Year (ESY) Programs and Services* dated November 1, 2010, Section II.C (Special Circumstances).
- f. RSP Services should be suspended until student returns to their school of attendance.
 - RSP Services should be removed from FAPE 2 in the change of placement IEP.
 - Future changes related to the RSP Services must be documented.
 - RSP Services suspended while student is enrolled with Carlson should be documented on FAPE 2, Part 4.
- g. Health Services will be suspended until student returns to their school of attendance.



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- Health Services will be removed from FAPE 2 in the change of placement IEP.
 - Future changes related to the IEP Health Services must be documented.
 - Health Services suspended while student is enrolled with Carlson should be documented on FAPE 2, Part 4.
- h. Discuss possible suspension of special education related services (LAS, OT, RT, etc.) in the event that it is not applicable (school based or group model, goals not being appropriate).
 4. Conduct an IEP team or Section 504 Plan meeting whenever there is a change in the student's performance that requires the IEP team to convene to review the current offer of FAPE.
 5. Ensure that Related Services and Low Incidence (LI) equipment that are required for FAPE in the Carlson program are provided during the regular and extended school year.
 6. Provide a copy of the student's current immunization records, oral health assessment/waiver request form, leaving marks or transfer grades, and all other required records.
 7. Provide appropriate student textbooks and/or culturally and linguistically responsive instructional materials for the duration of the home or hospital instruction and collaborate with the assigned Carlson teacher to provide educational continuity.
 8. When needed, accept and post credits and grades to official transcripts and cumulative records.
 9. Hold a place to readmit the student into the same instructional program as offered prior to the student's temporary absence.
 10. Convene all SSPT, IEP and/or Section 504 Plan meetings when they are due or when the student's current medical condition results in a significant change in the present levels of performance and/or eligibility.
 11. Conduct all assessments related to the IEP.
 12. Use program 12817 funds to provide a general education teacher as needed to participate in the IEP meeting.
 13. Identify the Carlson teacher as a participant in the Welligent web-based IEP system.
 14. For students who would otherwise matriculate during their enrollment at Carlson, send the cumulative record to the student's new school of residence or offer of FAPE.
 15. For Home students who are new to LAUSD, the school of residence will establish a cumulative and health card prior to sending the student to Carlson.
 16. Be responsible for all Individual Graduation Plans (IGP) and recording dates and comments in MiSiS.



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17. Contact Carlson's counselor for all 11th & 12th grade diploma-bound students. Graduating students will graduate from the cumulative record carrying school.

IV. TERMINATION OF SERVICE AND RETURN TO THE CUMULATIVE RECORD CARRYING SCHOOL

- A. Based on the anticipated discharge date from Carlson Home Hospital School as indicated on the student's original Home Medical Referral (Attachment A), or Hospital Medical Referral (Attachment B), or Psychiatric Referral (Attachment C), or Non-Medical Referral for Interim Home Instruction (Attachment D), Carlson will:
 1. "L2" the student back to the cumulative record carrying school.
 2. Advise the parent to obtain a written medical release from the attending physician/psychiatrist (required for returning to the cumulative record carrying school), as appropriate.
 3. Assign, in cooperation with the cumulative record carrying school, leaving grades, final grades and/or credits as appropriate.
 4. Send the cumulative record carrying school pertinent enrollment and discharge records immediately following the student's discharge from Carlson.
- B. The cumulative record carrying school will:
 1. Readmit the student when the student provides a completed medical release from his/her attending California licensed physician/psychiatrist, as appropriate. Indicate re-enrollment with an "E2" enrollment code in MiSiS.
 2. Readmit the student into the same instructional program as offered prior to enrollment in Carlson Home Hospital School. This includes Magnet schools, affiliated Charter Schools, etc.
 3. Convene an IEP team meeting or Section 504 Plan meeting within thirty (30) days of student re-admittance to address a change/update in medical information, goals, objectives and/or educational placement if there is not a current offer of FAPE future changes indicated in the active IEP.
 - i. Review any changes in medical condition and eligibility for Health Services. Reinstate protocols, District-Approved Qualified Provider (DAQP) and minutes as necessary.
 - ii. Review eligibility for Related Services and RSP. Reinstate and adjust service minutes and responsible personnel as necessary.



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4. Accept all Carlson leaving grades and post any final grades on official student records, as applicable.

AUTHORITY: This is a policy of the Los Angeles Unified School District.

California Education Code, Section 48206.3 Provides for individual instruction in the home, hospital or other residential health facilities for students with temporary disabilities.

California Education Code, Section 48206.3 (2), defines students with temporary disabilities.

California Education Code, Section 56363 (a) (b), provides for instruction in the home or hospital for students with disabilities.

California Code of Regulations (CCR) 3042 Provides for placement to provide instruction to students with exceptional needs in the home or hospital.

CCR 3051.4 Provides for special education and related services to students in the home or hospital.

**RELATED
RESOURCES:**

BUL-6718.0, *Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System*, dated August 8, 2016

REF-5276.1, *Guidelines for the Individualized Education Program (IEP) Team When Students with Disabilities Are Being Considered for Extended School Year (ESY) Programs and Services*, dated November 1, 2010

ATTACHMENT: Attachment A: Home Medical Referral
Attachment B: Hospital Medical Referral
Attachment C: Psychiatric Referral
Attachment D: Non-Medical Referral for Interim Home Instruction

ASSISTANCE: For assistance and further information, contact Carlson Home Hospital School at (818) 509-8759, or you may refer to the Carlson website at <https://carsonhs-laUSD-ca.schoolloop.com/>.



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For information on additional programs available to students with medical and non-medical concerns, not in association with Carlson Home Hospital School, please contact:

Special Education Service Center, Operations:	(213) 241-6701
City of Angels School (Independent Study Program):	(323) 415-8350
Pregnant Minor Program: McAlister High School	(213) 381-2823
Riley High School	(323) 563-6692
Division of Instruction	(213) 241-6444
Local District Central	(213) 241-0126
Local District East	(323) 224-3100
Local District Northeast	(818) 252-5400
Local District Northwest	(818) 654-3600
Local District South	(310) 354-3400
Local District West	(310) 914-2100



A COPY OF IMMUNIZATION RECORDS ARE REQUIRED WITH THIS REFERRAL

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Carlson Home Hospital School
10952 Whipple St., No. Hollywood, CA 91602
Phone: (818) 509-8759 FAX: (818) 505-0246

**HOME MEDICAL
REFERRAL**

Student Information

Last Name _____ First Name _____ M F

DOB ____/____/____ Gr. _____ Student Language _____ Parent/Guardian Language _____

Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____

Parent/Guardian _____ Parent Email Address _____

Do you have Internet Access? Yes No Student Email Address (Gr. 6-12) _____

School of Attendance _____ Phone () _____ Last date of attendance _____

School of Residence _____

Does student have a current IEP? Yes No Eligibility _____ 504 Plan? Yes No

IMPLEMENTATION OF SERVICE

Carlson Home Online Academy (CHOA) Home Instruction will provide students in grades 6/7–12 on the General Ed Curriculum up to 15-20 hours of instruction per week in up to four or five (4-5) subject areas. Students eligible for CHOA may be provided face-to-face home instruction for five (5) hours of instruction in 2 basic subject areas per week on a case-by-case basis in lieu of participating in CHOA.

Face-to-Face Home Instruction will provide students in grades TK–5/6 on the General Ed Curriculum or in grades TK–12 on the Alternate Curriculum five (5) hours of instruction per week. Instruction is offered in two (2) basic subject areas. English Learners and Standard English Learners will be provided additional instruction in ELD/MELD. A responsible adult (18 years of age or older) identified in writing by educational rights carrier must be present when the teacher is in the home.

By signing this authorization for service, the parent/guardian is agreeing to the following:

- ▶ If the student is eligible, educational services will be temporarily provided by the Carlson Home Hospital School.
- ▶ The student will be temporarily disenrolled from his/her regular school of attendance (cumulative record carrying school) during the period he/she is receiving Carlson services. Grades and marks will be reported to the cumulative record carrying school.
- ▶ Educational information will be accessed and used to plan and provide an appropriate educational program for the student.
- ▶ Permission to provide services or access school records may be revoked via written parent/guardian request at any time.
- ▶ Carlson provides home instruction between the hours of 8:00 a.m. and 7:00 p.m. No specific schedule nor teacher can be guaranteed.

PARENT/LEGAL GUARDIAN AUTHORIZATION TO RECEIVE/RELEASE MEDICAL AND ACADEMIC INFORMATION AND TEMPORARILY TRANSFER EDUCATIONAL DUTIES:

Parent Signature _____ Date _____

California Licensed Health Care Provider must complete page 2 to authorize service



A COPY OF IMMUNIZATION RECORDS ARE REQUIRED WITH THIS REFERRAL

HOME MEDICAL REFERRAL

Student Name _____ D.O.B _____

PHYSICIAN, DOCTOR OF OSTEOPATH, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER: A request for temporary Home Instruction has been made for the above-named student. This referral form (page 2 of 2) must be completed by A California licensed MD, DO, PA, or NP in order to be considered, and must include a diagnosis and the length of time the student is anticipated to be confined. **Chronic conditions** may not qualify. **DO NOT USE THIS FORM FOR PSYCHIATRIC CONDITIONS. (USE ATTACHMENT C).**

Attending Health Care Provider's Statement

Is student physically capable of attending classes on his/her school campus now, with accommodations to meet their physical or other needs? Yes No

If yes, student does NOT qualify for home instruction. List accommodations to be used at the student's current school campus: _____

If no, complete the information below:

Diagnosis: _____

Summary of Therapeutic Plan to enable the student to return to school: _____

Limitations, restrictions, or precautions the teacher should take in teaching the student: _____

Is student's condition contagious? Yes No

This section to be completed by a licensed physician, osteopath, physician's assistant, or nurse practitioner:

Estimated date student may return to school (*Specific* date required)

Signature	MD, DO, PA, NP (circle one)	Date
Print Name	Phone	
Print Title	Fax	
Print name of supervising physician		
Address	City	Zip



A COPY OF IMMUNIZATION RECORDS SHOULD ACCOMPANY THIS REFERRAL

LOS ANGELES UNIFIED SCHOOL DISTRICT

Carlson Home Hospital School
10952 Whipple St., No. Hollywood, CA 91602
Phone: (818) 509-8759 FAX: (818) 505-0246

**HOSPITAL
MEDICAL
REFERRAL**

CARLSON HOSPITAL TEACHER: _____
Print Name _____ Print Site Name _____

Patient/Student Information

Last Name _____ First Name _____ M F
 DOB ____/____/____ Gr. _____ Student Language _____ Parent/Guardian Language _____
 Address _____ City _____ Zip _____
 Home Phone () _____ Cell Phone () _____ Work Phone () _____
 Parent/Guardian _____ Parent Email Address _____
 Do you have Internet Access? Yes No Student Email Address (Gr. 6/7-12) _____
 School of Attendance _____ Phone () _____ Last date of attendance _____
 School of Residence _____
 Does student have a current IEP? Yes No Eligibility _____ Does student have a current 504 Plan? Yes No

IMPLEMENTATION OF SERVICE

HOSPITAL TEACHING - Hospital Instruction will be provided in a manner consistent with California laws governing home hospital teaching. Instruction is offered in two (2) basic subject areas unless additional courses are approved by a Carlson administrator.

By signing this authorization for service, the parent/guardian is agreeing to the following:

- ▶ If the student is eligible, educational services will be temporarily provided by the Carlson Home Hospital School.
- ▶ The student will be temporarily disenrolled from his/her regular school of attendance (cumulative record carrying school) during the period he/she is receiving home instruction. Grades and marks will be reported to the cumulative record carrying school.
- ▶ Educational information will be accessed and used to plan and provide an appropriate educational program for the student.
- ▶ Permission to provide services or access school records may be revoked via written parent/guardian request at any time.
- ▶ Carlson provides hospital instruction between the hours of 8:00 a.m. and 3:00 p.m. No specific schedule nor teacher can be guaranteed.

PARENT/LEGAL GUARDIAN AUTHORIZATION TO RECEIVE/RELEASE MEDICAL AND ACADEMIC INFORMATION AND TEMPORARILY TRANSFER EDUCATIONAL DUTIES:

Parent Signature _____ Date _____

**The Hospital Attending Physician or Psychiatrist must complete
page 2 to authorize service**



A COPY OF IMMUNIZATION RECORDS SHOULD ACCOMPANY THIS REFERRAL

HOSPITAL MEDICAL REFERRAL

Student Name _____ D.O.B _____

PHYSICIAN: A request for Hospital Instruction has been made for the above-named student. If educational services are authorized at this time, please complete, sign below and return this form to the Hospital Teacher or Carlson Office.

Attending Physician's / Psychiatrist's Statement

Diagnosis for ICD/DSM Code: _____

Summary of Medical Problem/Therapeutic Plan: _____

Precautions/Restrictions applicable for bedside/classroom teaching: _____

Is student in ICU? Yes No In Isolation? Yes No Type _____

Is student's condition contagious? Yes No

This section to be completed by a California licensed physician or psychiatrist:

Admission Date _____ Estimated Discharge Date _____

Signature _____ MD Signature Date _____

Print Name _____ Phone () _____

Print Title _____ Fax () _____

Address _____ City _____ Zip _____



A COPY OF IMMUNIZATION RECORDS ARE REQUIRED WITH THIS REFERRAL

LOS ANGELES UNIFIED SCHOOL DISTRICT

Carlson Home Hospital School

10952 Whipple St., No. Hollywood, CA 91602
Phone: (818) 509-8759
FAX: (818) 505-0246

**PSYCHIATRIC
REFERRAL FOR HOME
INSTRUCTION**

Student Last Name _____ First Name _____ M F
 DOB ____/____/____ Gr. _____ Student Language _____ Parent/Guardian Language _____
 Address _____ City _____ Zip _____
 Home Phone () _____ Cell Phone () _____ Work Phone () _____
 Parent/Guardian _____ Parent Email Address _____
 Do you have Internet Access? Yes No Student Email Address (Gr. 6-12) _____
 School of Attendance _____ Phone () _____ Last date of attendance _____
 School of Residence _____
 Does student have a current IEP? Yes No Eligibility _____ Does student have a current 504 Plan? Yes No

This section to be completed by the school of attendance **Principal/Designee**. The following accommodation(s) have been tried: (check all that apply):

- Enrolled in a shortened school day.
- Enrolled in an Independent Study Program provided by the student's cumulative record carrying school (LAUSD Bulletin M-128.0), allowing the student to complete course work independently, at home.
- Developed and implemented a Section 504 Plan to accommodate student needs through program modifications (ie: modify a class schedule, adjust placement of a student within a classroom, increase/decrease opportunity for movement, quiet area to complete work, approve early dismissal for service agency appts., etc.)
- Identified as eligible for special education services and an Individualized Education Program (IEP) was developed to consider the student's abilities, educational needs, and the appropriate placement and services.
- Other _____

Principal's Signature (or designee) _____ **Date** _____
Print Name and Title _____

IMPLEMENTATION OF SERVICE

Carlson Home Online Academy (CHOA) Home Instruction will provide students in grades 6/7–12 on the General Ed Curriculum up to 15-20 hours of instruction per week in up to five (5) subject areas. Students eligible for CHOA may be provided face-to-face home instruction for five (5) hours of instruction in 2 basic subject areas per week on a case-by-case basis in lieu of participating in CHOA.

Face-to-Face Home Instruction will provide students in grades TK–5/6 on the General Ed Curriculum or in grades TK–12 on the Alternate Curriculum five (5) hours of instruction per week. Instruction is offered in two (2) basic subject areas. English Learners and Standard English Learners will be provided additional instruction in ELD/MELD. A responsible adult (18 years of age or older) identified in writing by educational rights carrier must be present when the teacher is in the home.

By signing this authorization for service, the parent/guardian is agreeing to the following:

- ▶ If the student is eligible, educational services will be temporarily provided by the Carlson Home Hospital School for a maximum of 90 calendar days.
- ▶ The student will be temporarily disenrolled from his/her regular school of attendance (cumulative record carrying school) during the period he/she is receiving Carlson services. Grades and marks will be reported to the cumulative record carrying school.
- ▶ Educational information will be accessed and used to plan and provide an appropriate educational program for the student.
- ▶ Permission to provide services or access school records may be revoked via written parent/guardian request at any time.
- ▶ Carlson provides home instruction between the hours of 8:00 AM and 7:00 PM. No specific schedule nor teacher can be guaranteed.

PARENT/LEGAL GUARDIAN AUTHORIZATION TO RECEIVE/RELEASE MEDICAL AND ACADEMIC INFORMATION AND TEMPORARILY TRANSFER EDUCATIONAL DUTIES:
Parent Signature _____ **Date** _____

California Licensed Psychiatrist must complete page 2 to authorize service



A COPY OF IMMUNIZATION RECORDS ARE REQUIRED WITH THIS REFERRAL

PSYCHIATRIC REFERRAL FOR HOME INSTRUCTION

Student Name _____ D.O.B _____

PSYCHIATRIST: A request for temporary Home Instruction has been made for the above-named student. This referral form (page 2 of 2) must be completed by a California licensed psychiatrist in order to be considered, and must include a diagnosis and the length of time the student is anticipated to be confined to the home.

Psychiatrist's Statement

Is student capable of attending classes on his/her school campus now, with accommodations to meet their emotional needs? Yes No

If yes, student does NOT qualify for home instruction. List accommodations to be used at the student's current school campus: _____

If no, complete the information below:

Diagnosis or ICD/DSM code: _____

Summary of therapeutic plan: _____

What medication(s) is/are the student currently prescribed? _____

Is the student a danger to self or others: Yes No

Explain: _____

Why is the student unable to attend school? _____

What aspects of the treatment plan are being implemented to enable the student to return to school? _____

This section to be completed by a California licensed psychiatrist:		
Estimated date student may return to school (<i>Specific</i> date required, not to exceed 90 days)		
Signature	MD	Date
Print Name	Phone	
Print Title	Fax	
Address	City	Zip



A COPY OF IMMUNIZATION RECORDS ARE REQUIRED WITH THIS REFERRAL

LOS ANGELES UNIFIED SCHOOL DISTRICT

Carlson Home Hospital School

10952 Whipple St. No. Hollywood, CA 91602

Phone: (818) 509-8759

FAX: (818) 505-0246

**NON-MEDICAL
REFERRAL FOR INTERIM
HOME INSTRUCTION**

NOTE: Home Teaching is considered a change in placement. Where applicable attach a copy of the current IEP page which indicates interim placement to Home Teaching and the anticipated ending date of service. **Placement may not exceed 90 calendar days.**

Student Information

Last Name _____ First Name _____ M F

DOB ____/____/____ Gr. _____ Student Language _____ Parent/Guardian Language _____

Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____

Parent/Guardian _____ Parent Email Address _____

Do you have Internet Access? Yes No Student Email Address (Gr. 6-12) _____

School of Attendance _____ Phone () _____ Last date of attendance _____

School of Residence _____

Does student have a current IEP? Yes No Eligibility _____ Does student have a current 504 Plan? Yes No

IMPLEMENTATION OF SERVICE

Carlson Home Online Academy (CHOA) Home Instruction will provide students in grades 6/7–12 on the General Ed Curriculum up to 15-20 hours of instruction per week in up to five (5) subject areas. Students eligible for CHOA may be provided face-to-face home instruction for five (5) hours of instruction in 2 basic subject areas per week on a case-by-case basis in lieu of participating in CHOA.

Face-to-Face Home Instruction will provide students in grades TK–5/6 on the General Ed Curriculum or in grades TK–12 on the Alternate Curriculum five (5) hours of instruction per week. Instruction is offered in two (2) basic subject areas. English Learners and Standard English Learners will be provided additional instruction in ELD/MELD. A responsible adult (18 years of age or older) identified in writing by educational rights carrier must be present when the teacher is in the home.

By signing this authorization for service, the parent/guardian is agreeing to the following:

- ▶ If the student is eligible, educational services will be temporarily provided by the Carlson Home Hospital School.
- ▶ The student will be temporarily disenrolled from his/her regular school of attendance (cumulative record carrying school) during the period he/she is receiving Carlson services. Grades and marks will be reported to the cumulative record carrying school.
- ▶ Educational information will be accessed and used to plan and provide an appropriate educational program for the student.
- ▶ Permission to provide services or access school records may be revoked via written parent/guardian request at any time.
- ▶ Carlson provides home instruction between the hours of 8:00 AM and 7:00 PM. No specific schedule nor teacher can be guaranteed.

PARENT/LEGAL GUARDIAN AUTHORIZATION TO RECEIVE/RELEASE MEDICAL AND ACADEMIC INFORMATION AND TEMPORARILY TRANSFER EDUCATIONAL DUTIES:

Parent Signature _____ Date _____

One of the following persons must complete page 2 to authorize service:

Associate Superintendent of Special Education, Local District Superintendent,
Administrator of Operations, or their designee on file.



NON-MEDICAL REFERRAL FOR INTERIM HOME INSTRUCTION

IMPLEMENTATION OF SERVICE

Carlson Home Online Academy (CHOA) Home Instruction will provide students in grades 6/7–12 on the General Ed Curriculum up to 15-20 hours of instruction per week in up to five (5) subject areas. Students eligible for CHOA may be provided face-to-face home instruction for five (5) hours of instruction in 2 basic subject areas per week on a case-by-case basis in lieu of participating in CHOA.

Face-to-Face Home Instruction will provide students in grades TK–5/6 on the General Ed Curriculum or in grades TK–12 on the Alternate Curriculum five (5) hours of instruction per week. Instruction is offered in two (2) basic subject areas. A responsible adult (18 years of age or older) identified in writing by educational rights carrier must be present when the teacher is in the home.

To Be Completed By District Personnel

The following modified programs or other educational options have been tried (please check all options that apply):

- Enrolled in a shortened school day.
- Enrolled in an Independent Study Program provided by the student's cumulative record carrying school (LAUSD Bulletin M-128.0), allowing the student to complete course work independently, at home.
- Developed and implemented a Section 504 Plan to accommodate student needs through program modifications (ie: modify a class schedule, adjust placement of a student within a classroom, increase/decrease opportunity for movement, quiet area to complete work, approve early dismissal for service agency appointments, etc.)
- Identified as eligible for special education services and an Individualized Education Program (IEP) was developed to consider the student's abilities, educational needs, and the appropriate placement and services.
- Other: _____

Comments _____

Is the student a present danger to the teacher? Yes No If yes, please explain: _____

Reason for Referral: _____

Non-Medical Referral form completed by:

Print Name _____ Print Title _____ Phone Number _____ Date _____

Requested beginning date of service: _____ Anticipated ending date as indicated on IEP _____
(Referral not to exceed 90 calendar days)

**The Non-Medical Referral must be authorized by the
Associate Superintendent of Special Education, Local District Superintendent,
Administrator of Operations, or their designee on file**

Print Name _____ Print Title _____ Date _____

Signature _____ Direct Phone Number () _____