School Plan and Parent/Guardian Assurances

Student Name:		SIS:
DOB:	Grade:	School:

School Plan for Services

General Education Home and Hospital Services

Type of educational services provided:

1. Packets ☐ Yes ☐ No
   a. Educator assigned to facilitate packets: _____
   b. Content areas packets will be provided in: _____
   c. Amount of time weekly educator provides support: _____
   d. Initiation date of services: _____ Location of services: _____
2. In Home Instruction ☐ Yes ☐ No
   a. Educator assigned to home instruction: _____
   b. Amount of time weekly educator provides instruction: _____
   c. ***Core Content*** areas instruction will be provided in: _____
   _____
   d. Initiation date of services: _____ Location of services: _____

Other Educational Services to be Rendered:

1. Special Education ☐ Yes ☐ No
   a. Special Educator assigned to provide instruction: _____

Please attach copy of Home and Hospital Service Plan and Change of Placement Form

2. English Language Services ☐ Yes ☐ No
   a. Educator assigned to provide instruction: _____
   b. Amount of time weekly educator provides ELS support: _____

Please attach copy of ELS Services Plan to be rendered.

Parent/Guardian Assurances

In order for my student to benefit from Home and Hospital Services I agree to the following assurances:

1. An adult will be at home and remain in the home whenever an educator is present.

2. The educator will be contacted prior to a scheduled visit if the student or other household member is ill.

3. Every effort will be made to keep distractions to a minimum while education services are being provided.

4. Medical condition updates from the physician will be provided when an extension to the designated time of confinement from school is requested.

I have participated in the development of the educational plan outlined above and will abide by the above assurances ☐ Agree ☐ Disagree

_____ _____
Parent/Guardian Signature Date

_____ _____
Administrator Signature Date

_____ _____
Home and Hospital Educator Signature Date

_____ _____
Home and Hospital Educator Signature Date

District Office use only: Date Received: _____ Date of Review: _____

Educator Name: _____

Funding Source: __ __- __ __ __- __ - __ __ __ __- __ __ __ __- __ __ __

Educator Name: _____

Funding Source: __ __- __ __ __- __ - __ __ __ __- __ __ __ __- __ __ __

Director Signature: _____ Date: _____

Service Log to be completed by Home and Hospital Educator (to be submitted with green sheet)				
Date of Service	Time of Service	Location of Service	Service Provided	Initials