Now Boarding: Pupil Administrative Services Flight 101

Presented by: California Association of Pupil Personnel Administrators (CAPPA) cappaonline.net

Every Child Counts Symposium: Friday, February 7, 2020
Welcome Aboard

Prior to Departure, Meet You In-Flight Crew:

- Steven France, Director Del Valle Education Center, Acalanes Union High School District
- Felicia Stuckey-Smith, Director Student Services, Mt. Diablo Unified School District
- Linda Pete, Administrator Student Services, Mt. Diablo Unified School District
Flight Plan

1. What is CAPPA?
2. Student Discipline
3. School Attendance Review Board (SARB)
4. Home and Hospital Instruction
5. Section 504
6. Questions/Answers
Lean on CAPPA

Equity  Rights
Safety  Positivity
Support
What is CAPPA?

Mission Statement

The mission of CAPPA is to strengthen services to public school students in California. To this purpose, we meet to share information, experience, and problems in the organization and administration of pupil personnel services.
What is CAPPA?

Visit us on the web: cappaonline.net

⇒ Meetings, Registration Form, Resources

Future Meetings:

- May 14, 2020 - San Diego
  - Topic TBD
- May 15, 2020 - San Diego
  - General CAPPA Meeting
CWA: In Flight Services and Legal Requirements

- Attendance/SARB
- Discipline & Expulsions
- Enrollment & Permits
- Foster & Homeless Youth
- Health Services
- Immigration Resources
- School Safety
- Section 504
Student Discipline

Felicia Stuckey-Smith
Director, Student Services
Mt. Diablo Unified School District
Education Codes

- §48900(a-t)
- §48900.2- Sexual Harassment
- §48900.3-Hate Violence
- §48900.4- Harassment, threats or intimations
- §48900.5- Required Other Means of Correction
- §48900.6-Disciplinary Action/Community Service
- §48900.7-Terroristic threats
- §48915 (a)- Mandatory Recommendations, Permissive Expulsions
- §48915 ©-Mandatory Recommendation for Expulsion
Adapted from Sprague and Walker, 2004

**Targeted Intensive**
- High risk students
- Individual Intervention (3-5%)

**Selected (At-risk Students)**
- Classroom & Small Group Strategies
- (10-20% of students)

**Universal – All Students**
- School-wide, Culturally Responsive Systems of Support
- (75-85% of students)

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**Intensive academic support**
- Intensive social skills teaching
- Individual behavior management plans
- Parent training and collaboration
- Multi-agency collaboration (Wrap-around) services
- Alternatives to suspension and expulsion
- Community and service learning

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**Universal – All Students**
- Increased academic support and practice
- Increased social skills teaching
- Self-management training and support
- School based adult mentors (check in check out)
- Parent training and collaboration
- Community and service learning

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**Universal – All Students**
- Effective academic support
- School wide social skills teaching
- Teaching school behavior expectations
- Effective classroom management
- Active supervision and monitoring in common areas
- Positive reinforcement systems
- Firm, fair, and corrective response to problem behavior
- Community and service learning
School-wide Interventions
Universal - All Students
School & Classroom Systems
Build a School-wide Foundation
(80-90% of students)

Targeted Interventions
Behavioral supports address risk factors
(5-15% of students)

Intensive Interventions
(1-7%)

- School Social Workers (two-generational approach)
- Clinic Counseling / Wrap Around Services
- Student Attendance Review Board (SARB)
- Change of school placement in lieu of expulsion / safety issues
- Counseling Enriched Program (CEP) at Sun Terrace ES
- Referral for Special Education Assessment
- Mental Health Collaborative K-12 Continuum
- Positive Behavior Team (PBT)
- Substantive abuse Intervention

- RtI Coordinated Care Teams
- Student Success Team (SST)
- Section 504 / Health Care Services
- Other Means of Correction ( Discipline)
- Collaboration w/ Parent / Guardian
- School Social Workers / Psychologists
- Behavior Intervention Plan (BIP)
- Positive Behavior Team (PBT)
- Student Attendance Review Team (SART)

- Positive Behavior Intervention and Support (PBIS)
- School Counselors – “Check & Connect”
- Support strategies and interventions
- School Climate / Equity Team
- Parent Engagement
- Restorative practices (Restorative Justice)
- Safe and Responsive Schools
- TUPE (middle and high schools)
Student Discipline

Do suspensions and expulsions change and improve student behavior?

1. Other Means of Correction Agreement
2. Suspension Checklist
3. Students with Disability or Suspected Disability
4. Student Searches
5. Expulsions
A student may be suspended or expelled for acts which are related to *school activity* or *attendance* while on the school *grounds*, while going to or *coming from school*, *during the lunch period* whether on or off campus, and *during or while going to and from a school sponsored activity*. 
Suspension is a form of school discipline which temporarily removes a student from class or school.
Other Means of Correction

Suspensions shall be imposed only when other means of correction fail to bring about proper conduct

- Parent and Student Conference
- Positive Behavioral Intervention and Supports
- Counseling
  - Anger Management
  - Substance Abuse
- Detention
- Saturday School
- Community Service (with Parent permission)
- Parent Attendance at School with Student
- Student Success Team (SST)
- School Attendance Review Board (SARB)
- Peer Counseling
- Shortened Day
- Extended Day
- Psychosocial or Psychoeducational Assessment
- Behavior Support/Intervention Plan
- In-School Suspension
- Restorative Justice
- After School Program
Student Searches

Considerations:

● Pre-Search
● Reasonable Suspicion
● Logistics
● Post Search
Suspension Checklist

➔ Investigate and question all relevant witnesses
  ◆ Witness statements
➔ Collect evidence
➔ Determine Education Code and District Discipline Code violations
➔ Contact law enforcement is appropriate and/or required by law
➔ Use Other Means of Correction if appropriate
➔ Conference with Student
  ◆ Reason(s) for disciplinary action and evidence
  ◆ Does he student have a IEP, Section 504 Plan?
➔ Contact parent/guardian
  ◆ Parent MUST receive written Suspension Notice
Students with Disability or Suspected Disability

→ All steps from Suspension Checklist and:
  ◆ Provide FAPE beginning no later than 11th day of removal from school
  ◆ Provide Special Education and/or Section 504 Procedural Rights
  ◆ Schedule IEP and/or Section 504 Meeting not later than 10 days after initiation of expulsion proceedings for manifestation determination
  ◆ Hold IEP/Section 504 no later than 10 days after decision made to recommend expulsion
  ◆ Manifestation Determination
  ◆ Team documents any change of placement in IEP and remedy deficiencies in the implementation of IEP
Expulsion

Expulsion means the removal of the student from school for a specified amount of time.

Ed Codes 48900, 48915 (a) and (c)
Scenarios

You make the call...

Use Other Means of Correction/Alternatives to Suspension/ Intervention

Suspend the student based on Ed Code violations

Recommend Expulsion
EQUAL IS everyone getting the same thing.

FAIR IS everyone getting what they need in order to be SUCCESSFUL.

We will always try to be fair, but it won't always feel equal.
New Legislation

SB 419 - Beginning July 2020, K-8th graders can not be suspended for Ed Code §48900(k) - Willful Defiance.

AB 982 - Beginning January 2020, If a student is suspended two or more school days, the student, parent or guardian may request a teacher(s) provide the homework the student would otherwise be assigned, per Ed Code §48913.5
Helpful Resources

- CDE SARB Webpage & Handbook: https://www.cde.ca.gov/ls/ai/sb/

- CA Attorney General Truancy Toolkit: https://oag.ca.gov/truancy/toolkit

- Attendance Works: http://www.attendanceworks.org/

- Every Student, Every Day Toolkit: https://www2.ed.gov/about/inaits/ed/chronicabsenteeism/toolkit.pdf

- Everyone Graduates Center: http://www.every1graduates.org/

- America’s Promise Alliance: http://www.americaspromise.org/
School Attendance Review Board (SARB)

Steven France
Director, Del Valle Education Center
Acalanes Union High School District
SARB Overview

- In 1974, Education Codes §§48320 - 48325 establish SARB
- Multi-disciplinary team
  - Youth and Family Service Agencies
- Education Code §48321 provides membership pool for SARBs
- Three layers of support
  - Prevention efforts focused on building positive school environments and improved school connectedness
  - Early identification and immediate intervention to re-engage students with poor attendance (truancy or chronic absenteeism) and/or poor behavior
  - Intensive intervention with pupils and families appropriate for attendance or behavior issues that are severe or entrenched
- Education Code §48291 requires SARB to refer case to prosecution if problem persists
California Education Codes

- §48200 - Compulsory Attendance
- §48205 - Determining Excused Absences
- §48260 - Truants
- §48260.5 - First Mandate Notification
- §48261 - Subsequent Report of Truancy
- §48262 - Habitual Truant
- §48263 - Irregular Attendance, Habitually Insubordinate or Disorderly During School Attendance
- §48263.6 - Chronic Truant
- §48291 - Criminal Complaint Against Parent
- §48292 - Filing and Prosecution of Complaint by Attendance Supervisor
- §60901(c)(1) - Chronic Absentee
Governing Board Policies
General Board Policies

- BP 5113: Absences and Excuses
  - AR 5113: Excused Absences, Method of Verification, Parental Notifications
  - AR 5113.1: Chronic Absence and Truancy: Definitions, Addressing Chronic Absence, Addressing Truancy, Reports
SARB Process
Responsibilities

- Principal
- Classroom Teacher
- Attendance Staff
- School Counselor
- Associate/Vice Principal
Other Means of Correction
Interventions

➢ Phone call to parent/guardian;
➢ Parent/Guardian and teacher meeting;
➢ Counseling of student and parent/guardian follow-up;
➢ Notification letter sent to parent/guardian (CA Ed Code §48260.5);
➢ Other Actions:
  ○ IEP and/or Section 504 Plan;
  ○ Student Study/Success Team;
  ○ Detention;
  ○ Saturday School;
  ○ Progress Reports;
  ○ Behavior Agreement;
  ○ Health referral and/or evaluation;
➢ School Attendance Review Team (SART);
➢ School Attendance Review Board (SARB).
SARB Procedures
SITE:

- Truancy Notification 1 (3 unexcused absences or tardiness 30+ minutes);
- Truancy Notification 2 and SART;
- Truancy Notification 3 and SARB Referral.

DISTRICT:

- SARB;
- Monitor for 30 days;
- SARB Review Hearing;
- Monitor and/or Court Petition.
The Nitty Gritty of SARB
What is Required to Refer/Best Practices for SARB?

- Notification of Truancy (Letter 1)
- Notification of Truancy (Letter 2)
- SART Agenda and Minutes
- SART Formal Agreement
- Notification of SARB Hearing (Letter 3)
- SARB Referral Form; Other Means of Correction/Pre-SARB Interventions
  - IEP and/or Section 504, if applicable
- SARB Hearing Format
- SARB Panel Questions
- SARB Directives
- Sample Verification Forms
- Court Notifications
Home and Hospital Instruction

Steven France
California Education Codes
★ §48206.3 - Pupils with temporary disabilities
★ §48207 - Pupils with temporary disabilities in hospitals or outside of school district; compliance with residency requirements; continuing enrollment; attendance computation
★ §48207.3 - Return to school of pupil receiving individual instruction
★ §48207.5 - Starting date for in-home individual instruction
★ §48208 - Presence of pupils with temporary disabilities in qualifying hospitals; notice by parents or guardians; commencement of individual instruction
Governing Board Policies
Governing Board Policies

Board Policy 6183

Administrative Regulation 6183
What is Home and Hospital Instruction?
Home and Hospital Instruction...

- One of the most restrictive individualized educational placements;
- Not an alternative education option;
- Provides limited instruction to students who are severely restricted and unable to attend school;
- One hour of instruction for every day of instruction offered by the District in the regular education program;
- Not the same as every day classroom instruction due to limitation of the program.
Dear Parent/Guardian:

In order to obtain Home and Hospital Instruction for your student, the following forms (attached) must be completed and returned to the school site:

- HOME AND HOSPITAL INSTRUCTION PARENT/GUARDIAN AGREEMENT FORM (Form HH 1)
- REQUEST FOR HOME AND HOSPITAL INSTRUCTION (Form HH 2)
- AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION (Form HH 3)
- PHYSICIAN’S STATEMENT REQUESTING HOME AND HOSPITAL INSTRUCTION (Form HH 4)
- IF YOUR CHILD HAS AN IEP, A CHANGE OF PLACEMENT MEETING MUST BE HELD AND HOME AND HOSPITAL INSTRUCTION APPROVED FOR THE NEW INSTRUCTIONAL SETTING - A COPY OF THE NEW IEP AND MEETING NOTES MUST ACCOMPANY YOUR APPLICATION.

Please be advised that the Home and Hospital Instruction Program provides for on-going, academic instruction for students unable to attend the regular school day due to TEMPORARY illness, surgery, or chronic medical disorders. The program may not be able to support students who are taking certain electives, such as world language, lab sciences, physical education, auto shop, or any other subjects requiring hands-on instruction.

A credentialed teacher will be assigned as a Home and Hospital Instruction Tutor. The Home and Hospital Instruction Tutor will contact you to arrange for the first visit as soon as the Home and Hospital Instruction Office receives these completed forms from your student’s school site. Please arrange your time accordingly so that you will be able to make contact with the Home and Hospital Instruction Tutor and be present when he or she works with your student. A clear and quiet workplace for the Home and Hospital Instruction Tutor and your student is requested.

Please understand the Home and Hospital Instruction Tutor functions as a liaison between the student site teachers and student, gathers the assignments, reviews and completes the coursework with the student. Your student is entitled to one hour of Home and Hospital Instruction per day of regular attendance; up to five hours per week. The expectation is that students will work independently in addition to the five hours, based upon their tolerance level. Home and Hospital Instruction is not the same as every day classroom instruction because the Home and Hospital Instruction Tutor time is limited and the teacher may not have the academic background to teach all subjects. Therefore, students may be behind the class with assignments and knowledge when he/she returns to class.

Please note that before your student may be readmitted to his/her school, the enclosed form PHYSICIAN’S RELEASE FROM HOME AND HOSPITAL INSTRUCTION (also attached – Form HH 5) must be signed by your physician and returned to the school site.

Your application, once approved, is only valid for the current school year, for the length requested by the physician (minimum of three [3] weeks and maximum of nine [9] weeks).

Please contact me if I may be of further assistance during this difficult time.

Sincerely,

Steven France, Director, Del Valle Education Center
Acalanes Union High School District
Home and Hospital Instruction
Del Valle Education Center • 1903 Tice Valley Boulevard • Walnut Creek, California 94595
Phone Number (925) 280-3980
Steven France, Director, Del Valle Education Center  John Nickerson, Ed.D, Superintendent

Home and Hospital Instruction
Parent/Guardian Agreement Form
(Form HH 1)

Dear Parent/Guardian:

In order for Home and Hospital Instruction to begin and continue as planned, the parent/guardian of the referred student must review and agree to the following requirements:

1. The student must be ready for instruction at the specified time, with materials, books, and his/her physical needs met;
2. The parent/guardian must be present and visible in the home during the instructional period;
3. A quiet place must be provided, with a suitable working space, where the Home and Hospital Instruction Tutor and student can work without interruption;
4. It is important that your student completes the daily assignments that are required. If you have questions or concerns about your child’s instruction or homework assignment, please discuss them with the Home and Hospital Instruction Tutor;
5. Notify the Home and Hospital Instruction Tutor at least 24 hours in advance if your student is unable to receive Home and Hospital Instruction on the scheduled day;
6. Home and Hospital Instruction is for a minimum of three (3) weeks and a maximum of nine (9) weeks;
7. If the student has an IEP, a change of placement meeting must be held and the team will decide whether Home and Hospital Instruction is the best instructional setting for the student. A copy of the IEP and meeting notes must accompany the application;
   a. When the student returns from Home and Hospital Instruction, an IEP must take place;
8. Students will receive five (5) hours of instruction per week (unless otherwise specified by the IEP team), Monday through Friday, by a certificated Home and Hospital Instruction Tutor;
9. Home and Hospital Instruction is not the same as every day classroom instruction because the Home and Hospital Instruction Tutor time is limited and the teacher may not have the academic background to teach all subjects. Therefore, students may be behind the class with assignments and knowledge when he/she returns to class.

I have read the above statement and understand that these requirements must be met in order for Home and Hospital Instruction to begin and continue. Failure to adhere to the above requirements may result in the termination of Home and Hospital Instruction.

______________________________
Parent/Guardian Signature

______________________________
Date

Page 2 of 7
REQUEST FOR HOME AND HOSPITAL INSTRUCTION
(Form HH 2)

Date of Request: ____________________  Birthday: _______________  Phone: ____________________

Student's Full Name: ____________________  First: ____________________  Middle: ____________________  Last: ____________________

Residence Address: ____________________  Street: ____________________  City/State/Zip: ____________________

Parent's Email Address: ____________________

School: [ ] AHS  [ ] CHS  [ ] LLHS  [ ] MHS  Grade: [ ] 9  [ ] 10  [ ] 11  [ ] 12  Counselor: ____________________

Does your student receive special services?  [ ] Section 504  [ ] Special Education (IEP)

(504 or IEP MUST BE ATTACHED TO APPLICATION)

Reasons for Request/Information to be shared with teachers: ____________________

Brief History of Disability: ____________________

Last date of school attendance: ____________________

Signature of Parent/Guardian: ____________________

SCHOOL SITE USE ONLY
To be completed with signatures by School Site Personnel then sent to Home and Hospital Office

Attendance Office: ____________________  School Nurse: ____________________

Associate Principal: ____________________  Counselor: ____________________

Wellness Center: ____________________  Scheduled Date of Re-Entry Meeting: ____________________

If Special Education Sp. Ed. Case Manager: ____________________  Date of IEP: ____________________

If Section 504: Section 504 Site Coordinator: ____________________  Date of 504 Meeting: ____________________

HOME AND HOSPITAL INSTRUCTION OFFICE USE ONLY  [ ] Traditional  [ ] High

Home and Hospital Tutor assigned: ____________________  Telephone: ____________________

Instruction started: ____________________  Instruction ended: ____________________  Date: ____________________

Program Administrator: ____________________  Date: ____________________
Acalanes Union High School District
Home and Hospital Instruction
Del Valle Education Center • 3963 Toe Valley Boulevard • Walnut Creek, California 94595
Phone Number (925) 280-3980

Steven France, Director, Del Valle Education Center
John Nickerson, Ed.D., Superintendent

AUTORIZATION FOR RELEASE/EXCHANGE OF INFORMATION
(Form HH-3)

To: ___________________________________________________________________________ (Physician Name)
   ___________________________________________________________________________ (Office/Specialty)
   ___________________________________________________________________________ (Address)
   ___________________________________________________________________________ (City, State, Zip Code)

Office Phone __________ Office Fax __________

I hereby request and authorize you to release any relevant medical, social, psychological, and/or test
information you may have, or may receive pertaining to:

   ___________________________________________________________________________ (Student’s Name)
   ___________________________________________________________________________ (Birthdate)
   ___________________________________________________________________________ (School)

The disclosure of this information is required for the following purpose(s):
Home and Hospital Instruction Program Approval/Validation/Updates.

   ___________________________________________________________________________

I understand that this consent is valid for one (1) year from the date of signing and that I may revoke this
consent, at any time, by notification in writing to either of the named agencies and this revocation shall
apply to both agencies.

Please direct information to:
Attention of Steven France
Attention of Karen Hellbroner
Director, Del Valle Education Center
Director of Special Services
Acalanes Union High School District
Acalanes Union High School District
Del Valle Education Center
1212 Pleasant Hill Road
1963 Toe Valley Blvd.
Lafayette, CA 94549
Walnut Creek, CA 94595
(925) 280-3980; Fax (925) 280-3941
(925) 280-3915; Fax (925) 280-4282

I understand that I may request a copy of this authorization for personal records.

   ___________________________________________________________________________
   (Parent/Guardian Signature)
   ___________________________________________________________________________
   (Relationship to Student)
   ___________________________________________________________________________
   (Date)
Acalanes Union High School District
Home and Hospital Instruction
Del Valle Education Center • 3900 Toe Valley Boulevard • Walnut Creek, California 94595
Phone Number (925) 280-3980

Steven France, Director, Del Valle Education Center  John Nickerson, Ed.D., Superintendent

PHYSICIAN’S STATEMENT REQUESTING HOME AND HOSPITAL INSTRUCTION, 2019 - 2020
(Form HH 4)

To: Physician

We are allowed by law to provide educational services to homebound or hospitalized students only on authorization of a licensed physician. Please note that the State of California only allows 5 HOURS of service each week; thus this program should only be used as a temporary and last resort. This service will be continued as long as the pupil is under continued medical care and is considered to be unable to return to school. The District depends upon you to notify us when the pupil’s condition has improved sufficiently for him/her to return to school. NOTE: Regardless of end date, all Home and Hospital Instruction Services conclude on the final day of each school year.

For your convenience, we have prepared the form below, which will provide us the information we need. This form must be resubmitted each school year ONLY if illness requires Home and Hospital Instruction. Please note a minimum of three (3) weeks absence is required for participation with a maximum of nine (9) weeks unless reauthorized with a new and updated Physician’s Statement Requesting Home and Hospital Instruction.

Thank you.

Date:

Name of Student: __________________________ Date of Birth: __________________________

The above-named student is unable to attend regular school classes, but is ready and able to have Home and Hospital Instruction. My medical findings and recommendations are as follows:

Diagnosis: __________________________________

I estimate this student will be homebound until: __________________________ (Please provide specific date [mm/dd/yy])

In order to protect the Home and Hospital Instruction Tutor, who is instructing in the patient’s home, please mark one of the below statements, and sign below:

Patient is a hazard/danger to the Home and Hospital Tutor;

Patient is NOT a hazard/danger to the Home and Hospital Tutor.

Limitations, restrictions, or precautions the Home and Hospital Instruction Tutor should take in tutoring this student:

Remarks: __________________________

Physician: __________________________ Signature: __________________________

(Print Name)

Address: __________________________ Telephone: __________________________

Fax Number: __________________________

CA License Number: __________________________

Page 5 of 7
PHYSICIAN'S RELEASE FROM HOME AND HOSPITAL INSTRUCTION
2019 - 2020
(Form HH 5)

This form must be completed and signed by the physician and presented to the Attendance Office at the student’s school site and confirmed before the student will be readmitted to class.

Please readmit ____________________________________________ to his/her regular school program
(Student’s Name)

setting effective: ____________________________________________
(Date)

My recommendations for this student are:

☐ Regular School Program

☐ Restricted activities (please specify): ____________________________

                                                                                                                                                                                                

☐ Other: ____________________________________________________

The above recommendations will be followed until further communication from the physician is received.

Comments:

Physician Signature: ______________________________________ Date: ____________________

Physician Name (please print): __________________________________________

Address: __________________________________________________________

Phone( ) Fax( )

SCHOOL SITE USE ONLY

Attendance Office Staff: Stamp/Indicate date form received

Signature of Staff Member Receiving Form: ___________________________

Send copy of completed form to Home and Hospital Instruction Office.
Background

- The Home and Hospital Instruction Program provides on-going academic instruction to students who are unable to attend the regular school day for a period of three-weeks to nine-weeks due to TEMPORARY illness, surgery, or chronic medical disorders.
- Home and Hospital Instruction serves all students enrolled within the Acalanes Union High School District.
- The process takes at least five working days to initiate, depending upon the amount of time it takes to complete the necessary paperwork.
- Home and Hospital Instruction is, by definition, a temporary program and is not provided for extended periods of time or in lieu of school attendance. The program does not operate over the summer. Illnesses which last from one school year into the next will require a new application at the beginning of the new school year (i.e. fall semester).
- The program may not be able to support students who are taking certain electives, such as world language, lab sciences, physical education, auto shop, or any other subjects requiring hands-on instruction.

Home and Hospital Instruction is not the same as every day classroom instruction because the Home and Hospital Instruction Tutor time is limited and the teacher may not have the academic background to teach all subjects. Therefore, students may be behind the class with assignments and knowledge when he/she returns to class.

Instruction

- Home and Hospital Instruction is initiated at the student's school site.
- A credentialed teacher is assigned as the Home and Hospital Instruction Tutor to the student and work is provided and graded by the regular classroom teachers.
- The Home and Hospital Instruction Tutor arranges an appointment at the home with the parent and/or guardian present.
- Classwork is reviewed and discussed. The Home and Hospital Instruction Tutor is there to assist the student with understanding the assignments provided by the teachers.
- The State of California limits the hours of Home and Hospital Instruction to one-hour of instruction per day each day regular school is in session for a maximum of five-hours of Home and Hospital Instruction per week (California Education Code § 48206.3 (1)(c)(1) and (2)).
- No Home and Hospital Instruction Tutoring is allowed on days that school is not in session; the five hours per week is reduced by the number of non-student days.
- If the student has an IEP, a change of placement meeting must be held and the team will decide whether Home and Hospital Instruction is the best instructional setting for the student. A copy of the IEP and meeting notes must accompany the application.
- A new application is required each school year if services will extend into the following school year. Please remember, this is for students with temporary illnesses or injuries.

PLEASE NOTE THIS STATE MANDATE: If a student with a temporary disability who is in a hospital or other residential facility, which is located outside of the school district in which the student's parent or guardian resides shall be deemed to have complied with the residency requirements for school attendance in the school district in which the hospital is located (California Education Code § 48207).
Acalanes Union High School District  
Home and Hospital Instruction  
Del Valle Education Center ● 1963 Tice Valley Boulevard ● Walnut Creek, CA 94595  
Phone Number (925) 260-3980  

Steven France, Director, Del Valle Education Center  
John Nickerson, Ed.D., Superintendent  

HOME AND HOSPITAL INSTRUCTION ATTENDANCE FORM  

Please return this form to the school attendance office.  

STUDENT’S NAME:  

STUDENT’S GRADE:  

STUDENT’S SCHOOL OF ENROLLMENT (check one):  

☐ Acalanes  ☐ ACIS  ☐ Campolindo  ☐ Las Lomas  ☐ Miramonte  

☐ Out of District (School and District of Attendance):  

STUDENT’S CLASS SCHEDULE  

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WEEKLY ATTENDANCE FOR THE WEEK OF Month:  

Date Range:  

Year:  

For the week noted above, the Home and Hospital Instruction Tutor went to the student’s home on these days (please check all that apply):  

☐ Monday  

time in:  

time out:  

☐ Tuesday  

time in:  

time out:  

☐ Wednesday  

time in:  

time out:  

☐ Thursday  

time in:  

time out:  

☐ Friday  

time in:  

time out:  

TOTAL HOURS FOR THE WEEK:  

(hours) (Maximum of 5 hours allowed for ADA purposes)  

By signing this document, I hereby certify the accuracy and completeness of the attendance.  

Signature of Home/Hospital Tutor:  

Printed Name:  

Date: 
TO: Teachers of __________________________

FROM: Steven France

SUBJECT: Assisting with Home and Hospital Instruction services to your student

DATE: __________________________

I am writing this memo on behalf of __________________________, who is the Home and Hospital Instruction Tutor assigned to your student. It is very important that our students receive support during their time away from their regular classes due to medical or emotional challenges.

The state allows us to provide Home and Hospital Instruction assistance to these students for up to five hours each week. The Home and Hospital Instruction Tutor will act as a liaison between you and the student during the time they are out of school. The Home and Hospital Instruction Tutor will pick up assignments from you each week to bring to the student, as well as return work the student has completed. The responsibility for assigning the work, correcting the work, and assigning the grade belongs to the comprehensive high school teachers. The role of the Home and Hospital Instruction Tutors will be to assist you and the students during the time they are out of class.

At times, the students will be unable to work at the same level as when they were healthy. This is often the case when they are recovering from serious surgery, mononucleosis, or from radiation or chemotherapy treatments. We ask for your understanding and flexibility during these periods. Accommodations for these temporary setbacks would be greatly appreciated.

Thank you in advance for your cooperation in getting work to the Home and Hospital Instruction student as soon as possible.

Home and Hospital Instruction Tutor Name: __________________________

Phone Number: __________________________

Email Address: __________________________
Dear Parent/Guardian:

Home and Hospital Instruction is designed to provide instruction while a student is absent from school for medical reasons. The Home and Hospital Instruction Tutor works in conjunction with the regular high school teachers in assisting your student with homework assignments. The Home and Hospital Instruction Tutor is responsible for collecting homework from the regular teachers, meeting with your student, and returning the completed assignments to the regular teachers for grading. The Home and Hospital Instruction Tutor does not issue a grade for homework. The regular teachers are responsible for determining a grade for homework and a final grade in a specific class.

The Home and Hospital Instruction Tutors are very aware that this time in your student’s life is very stressful. In an attempt to assist your student in the following ways, staff requests the following:

✓ **Home and Hospital Instruction is not the same as every day classroom instruction because the Home and Hospital Instruction Tutor time is limited and the teacher may not have the academic background to teach all subjects. Therefore, students may be behind the class with assignments and knowledge when he/she returns to class.**

✓ At least one parent needs to be home during Home and Hospital Instruction or arrangements made to conduct Instruction at a public location.

✓ Please support the Home and Hospital Instruction Tutor by honoring their time and keeping your appointments.

✓ Please work with your student to make sure that they have completed the assigned work prior to the appointment.

✓ Please let the Home and Hospital Tutor know if you have any concerns.

✓ During the time that the Home and Hospital Instruction Tutor is working with your student, please give them some space and allow them to work. Sometimes parents want to sit with the Home and Hospital Instruction Tutor while he/she is working with your student. This tends to add to the stress level of the student when he/she is being watched by their parent/guardian.

✓ If your student has an IEP, an IEP team meeting must take place upon the student’s return to the regular school program.

We wish that your student have a quick recovery and return to school.

Thank you for your partnership supporting your student’s success and participation in the Home and Hospital Instruction program.

Sincerely,

Steven France

Steven France, Director, Del Valle Education Center

Home and Hospital Instruction Tutor
Acalanes Union High School District
Home and Hospital Instruction
Del Valle Education Center ● 1963 Tice Valley Boulevard ● Walnut Creek, California 94595
Office: (925) 280-3980 ● Fax: (925) 280-3941
Steven France
Director, Del Valle Education Center
John Nickerson, Ed.D.
Superintendent

This is NOT a CUM Request!
Attn: Registrar/Attendance

*The student below was enrolled in Acalanes Union High School District Home and Hospital Instruction Program over the dates below. Please adjust your attendance records accordingly. This student falls under the category of Special Circumstances.

Confidentiality Statement: The information contained here is sensitive, privileged, confidential, and protected from disclosure. If you are not the intended recipient, any dissemination, printing, or copying is strictly prohibited. If you think you may have received this in error, please notify us immediately.

Student ID Number: __________________________ Grade Level: ____________

Home and Hospital Instruction Tutor Assigned: __________________________

*Date Enrolled: __________________________ *Last Day Student was Enrolled: __________________________

STUDENT DATA:

Last Name: __________________________ First Name: __________________________ Middle Name: __________________________

Gender: [ ] Male [ ] Female

Ethnicity: [ ] Yes, Hispanic or Latino [ ] No, not Hispanic or Latino

Ethnic Code: __________________________ Birth Country: __________________________

RESIDENCE DATA:

Address: __________________________

Home Phone Number: __________________________ Other Number: __________________________

Parent’s/Guardian’s Name: __________________________

ENROLLMENT DATA:

School of Last Attendance: __________________________

City: __________________________ County: __________________________

School Fax Number: __________________________
MEDICAL INFORMATION - to be completed by Physician. Please fill out completely and print clearly.

Dear Physician:

The parent/guardian of:

_____________________________________________  ________________________________
Student Name:                                             Date of Birth

has requested an extension of Home and Hospital Instruction for their student during their illness. Home and
Hospital Instruction provides five (5) hours a week of home instruction. Please complete this form and return it
to the Attendance Office at ______________________ High School where the child attends.

Complete the following:

Date: ____________________________

The above-named student is unable to attend regular school classes, and I am requesting an extension of Home and
Hospital Instruction. My updated medical findings and recommendations are as follows:

Diagnosis: ________________________________________________

I estimate this student will be homebound until: ________________________________  (Please provide specific date [mm/dd/yy])

In order to protect the Home and Hospital Instruction Tutor, who is instructing in the patient’s home, please mark
one of the below statements, and sign below:

☐ Patient IS a hazard/danger to the Home and Hospital Tutor;
☐ Patient IS NOT a hazard/danger to the Home and Hospital Tutor.

Limitations, restrictions, or precautions the Home and Hospital Instruction Tutor should take in tutoring this student:

Remarks: ____________________________________________________________

_________________________  __________________________
Physician:                                                Signature:

_________________________  __________________________
(Address)  (Telephone):

(Fax Number):

CA License Number: __________________________________

Page 1 of 1
Acalanes Union High School District
Home and Hospital Instruction

Steven France, Director, Del Valle Education Center
John Nickerson, Ed.D., Superintendent

PHYSICIAN’S RELEASE FROM HOME AND HOSPITAL INSTRUCTION
2019 - 2020
(Form HH 5)

This form must be completed and signed by the physician and presented to the Attendance Office at the student’s school site and confirmed before the student will be readmitted to class.

Please readmit __________________________ to his/her regular school program

(Student’s Name)

setting effective: __________________________.

(Date)

My recommendations for this student are:

☐ Regular School Program

☐ Restricted activities (please specify):__________________________________________

☐ Other:__________________________________________

The above recommendations will be followed until further communication from the physician is received.

Comments:

Physician Signature: __________________________ Date: __________________________

Physician Name (please print): __________________________

Address: __________________________

Phone(_____) __________________________ Fax(_____) __________________________

SCHOOL SITE USE ONLY

Attendance Office Staff: __________________________ date form received

Signature of Staff Member Receiving Form:

Send copy of completed form to Home and Hospital Instruction Office.
Acalanes Union High School District
Home and Hospital Instruction
Del Valle Education Center • 3762 Vaca Valley Boulevard • Walnut Creek, California 94595
Phone Number (925) 280-3890

Steven France, Director, Del Valle Education Center
John Nickerson, Ed.D., Superintendent

HOME AND HOSPITAL INSTRUCTION RE-ENTRY TO SCHOOL PLAN
2019 - 2020

This tool is intended to help guide teams in thinking through a successful school re-entry plan following Home and Hospital Instruction. Plans vary based on each student's needs.

Student’s Full Name: ____________________________

School: AHS □ ACIS □ CHS □ LLHS □ MHS
Grade: □ 9 □ 10 □ 11 □ 12

Date of Re-Entry Meeting: ____________________________

Date of IEP (if applicable): ____________________________ Date of Section 504 (if applicable): ____________________________

PRIOR TO SCHOOL RE-ENTRY:
☐ Counselor contacts parents to discuss date of return. Date Completed: ____________________________
☐ Wellness Center contacts parent to discuss supports. Date Completed: ____________________________
☐ IEP Meeting scheduled for return to placement. Date Completed: ____________________________
☐ Section 504 Meeting scheduled for return to placement. Date Completed: ____________________________

ASSESS STUDENT RE-ENTRY NEEDS:
Does student have academic needs? □ Yes □ No. If yes, what are they? ____________________________

Does student have social/emotional needs? □ Yes □ No. If yes, what are they? ____________________________

Does student have physical needs? □ Yes □ No. If yes, what are they? ____________________________

Help link to school/social support? □ Yes □ No. If yes, what are they? ____________________________

Determine interventions needed to promote student adjustment/stress management: ____________________________

Determine policy for missed work and grading: ____________________________

FOLLOWING SCHOOL RE-ENTRY:
☐ Develop plan for check-in for 1 - 3 months after re-entry. Start Date: ____________________________

Staff Responsible: ____________________________ Plan for check-in (frequency/duration): ____________________________

☐ Develop/Implement academic interventions. Start Date: ____________________________

Staff Responsible: ____________________________ Interventions needed: ____________________________

☐ Develop/Implement social/emotional interventions. Start Date: ____________________________

Staff Responsible: ____________________________ Interventions needed: ____________________________

☐ Develop/Implement physical interventions. Start Date: ____________________________

Staff Responsible: ____________________________ Interventions needed: ____________________________

THROUGHOUT PLAN OF RE-ENTRY, REMEMBER TO:
☐ Progress monitor student
☐ Maintain ongoing contact with parents/guardians
☐ Schedule team meeting to review student’s progress

SIGNATURES:

Parent/Guardian: ____________________________ Date: ______________

Student: ____________________________ Date: ______________

Counselor: ____________________________ Date: ______________

Associate Principal: ____________________________ Date: ______________

School Nurse: ____________________________ Date: ______________

Wellness Center Designee: ____________________________ Date: ______________

Case Manager (if needed): ____________________________ Date: ______________

Section 504 Coordinator (if needed): ____________________________ Date: ______________

Home and Hospital Instruction Tutor: ____________________________ Date: ______________
Overview of Section 504

Linda Pete
Administrator, Student Services
Mt. Diablo Unified School District
Section 504 of the Rehabilitation Act of 1973

“No otherwise qualified individual with a disability in the united states as defined in section 705(20) of this title, shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

(29 U.S.C. Sec. 794)

*The United States Code is a consolidation of laws of the United States
Two Main Purposes of Section 504

- Non-Discrimination Duty - Section 504 is a civil rights law that prohibits discrimination against students with disabilities.
- Duty to provide Free Appropriate Public Education (FAPE) - Section 504 ensures that students with a disability have equal access to an education activities as their non-disabled peers (Support levels the playing field).
American Disabilities Act (ADA) or Individual with Disabilities Education Act (IDEA)
Americans with Disabilities Act (ADA) vs Individuals with Disabilities Education Act (IDEA)

- Section 504 is considered a responsibility of the general education program and requires participation from the general education staff and curriculum. Section 504 is not part of the Individuals with Disabilities Education Act (IDEA), or special education.

- Students who have been determined to be Section 504 eligible may not be IDEA eligible. However, all students who are disabled under the IDEA are also considered to be entitled to rights and protection under Section 504.
Americans with Disabilities Act (ADA) vs Individuals with Disabilities Education Act (IDEA)

- Section 504 provides students with an “adjustment” in a general education classroom.
- IDEA provides students with an Individualized Education Plan that may require modifications.
- Section 504 Plan Accommodations could be written for a student with a physical impairment that substantially limits a major life activity but is not affecting the student’s academic achievement.
- An IEP is written for a student with a physical or mental disability that *adversely affects* their educational performance.
Scenarios
What disabilities qualify a student for a Section 504 Plan?
What disabilities will qualify for a Section 504 Plan?

A qualified individual with a disability under Section 504 is any person who:

1. Has a physical or mental impairment which substantially limits one or more major life activities;

2. Has a record of such an impairment; or is regarded as having such impairment. [29 U.S.C. Sec. 706(8)]
What is a Physical or Mental Impairment?

- Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic (lymph nodes, bone marrow, the spleen and thymus glands; skin; and endocrine;

- Any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

(34 Code of Federal Regulations Part 104.3)
Section 504 Plan Team
Section 504 Plan Meeting Participants

When determining Section 504 eligibility the Section 504 Plan Team should involve people with knowledge about the student. The meeting should be facilitated by an Administrator and include teachers and other school staff members like coaches, nurses, counselors or special education assistants.

Who is missing from the list above that needs to be part of the meeting?
Guidelines for accommodations for a Section 504 Plan

- An accommodation should be an effective strategy provided as an alternative means to support a student’s disability so that the student has the same opportunities to access education activities as non disabled peers.

- An accommodation should be specific to the student and the classes/activities affected by the disability. Accommodation plans should state which classes an accommodation should be used. For example, don’t just list tutoring/academic intervention, state the subject/class where the student will get support. Ensure that student, parent/guardians, and teachers/staff are clear on what the accommodations look like.
Guidelines for accommodations for a Section 504 Plan continued

- A medical diagnosis is not required to determine Section 504 eligibility. However, a medical diagnosis is required for Student Care Plans for diabetes, seizures, or an authorization to administer medication.

- Sometimes parents will bring “shopping lists” from doctors or other resources that they feel their student needs to support them. The Team is not obligated to do provide an accommodation because a doctor recommends it. Consult with your school nurse, school counselor or school psychologist before the Section 504 Plan meeting if parents ask/provide information regarding a physical or mental disability.
Guidelines for accommodations for Section 504 Plan continued

- Always ask/try to determine what the triggers are for the physical or mental impairment so that you can try to prevent the symptoms from occurring. Consider this: A high school student has anxiety and the parent/doctor is asking for reduced assignments. The student is taking English III Honors, AP US History, Calculus, AP Biology, Art, and Spanish IV. What would you do?

- There are a number of great technology devices that can support students in classrooms. For example - Echo Smart Pens. Make sure your district’s board policy supports the use of devices or accommodations written into Section 504 Plans.
Guidelines for accommodations for Section 504 Plan continued

- An accommodation should not change the rigor or affect the grading of assignments for average engagement of the general population of students.

- An accommodation should be reasonable.

- You may need to tell parents that accommodations do not guarantee a passing grade; they provide students with accommodations to support accessing education activities.
Family Educational Rights and Privacy Act (FERPA) and Section 504
Providing staff with Section 504 Plan accommodations information

- Students and staff can benefit from knowing about particular medical conditions that some students have, so that staff can protect the student if they interact with the student with a disability. However, only school staff that are responsible for providing the accommodations need to know the names of students with disabilities.

Example: We have two 6th grade students with peanut allergies. You can train all staff on what an allergic reaction looks like and how to respond if the student needs support.

- Staff may need to be aware/trained about some student’s allergens and “triggers”

Example: We have a student with Tourette syndrome (TS). TS is a neurological disorder characterized by repetitive, stereotyped, involuntary movements and vocalizations called tics. This student’s tic is “burping”. You may be in the library or substituting in a class and encounter a student who may appear to be burping to be disruptive or you may be having your first encounter with our student with TS.

What options do you have if you are worried about protecting a student yet you think staff should be aware of the student’s identity?
Implementing the Section 504 Plan
Implementing the Section 504 Plan

- The teachers and related school staff (campus supervisors, librarians, cafeteria staff) must implement the accommodations in a Section 504 plan.

- If a school fails to implement the Section 504 Plan, parents can file a complaint with the Office of Civil Rights (OCR). Schools and districts could lose federal funding.
Review your scenario. Based on this new information is there anything you would change?
Prepare for Landing
Cleared for Landing

Visit us on the web: cappaonline.net

Mark your calendars for San Diego:

❖ May 14, 2020 Professional Development; and,
❖ May 15, 2020 General CAPPA Meeting.