



Home & Hospital (H&H) Policy

I. PURPOSE

Providence Hall Charter School (PHCS) Home & Hospital (H&H) services are designed to facilitate independent, beneficial learning to meet the basic academic needs of students who are currently on active status and enrolled in PHCS who are unable to attend school due to

- A. Hospitalization
- B. Injury
- C. Physical/Emotional Illness
- D. Complications with a Pregnancy
- E. Extenuating Circumstances (e.g., violation of school policy, safe school violation)

II. DETERMINING IF H&H SERVICES ARE NEEDED

- A. A student who is currently on active status and enrolled in PHCS who will **miss one (1) to ten (10) consecutive calendared school days** due to one of the reasons stated in the "Purpose" section of this policy above will receive basic educational services directly through the student's scheduled classes/teachers and **will not require H&H services.**
 - 1. The student's scheduled teachers will make assignments available virtually (e.g., Canvas, email) or for pickup by parent(s)/guardian(s) at a previously agreed upon location and day/time.
 - 2. If a student's scheduled teacher does not respond to parent(s)/guardian(s) requests for assignments when the request is made prior to or on the day(s) of the student's expected absence(s), the student and parent/guardian will not be held responsible.
- B. A student who is currently on active status and enrolled in PHCS who **will miss ten (10) or more consecutive calendared school days** due to one of the reasons stated in the "Purpose" section of this policy above **may formally request H&H Services.**

III. FORMALLY REQUEST H&H SERVICES

- A. The student's assigned Counselor is the designated H&H liaison assigned to assist parent(s)/guardian(s) throughout the H&H process and maintains the student's H&H documentation.
- B. H&H services **must be formally requested** by
 - 1. Completion & submission of the ***Home & Hospital Services Application*** by the student's parents/guardians
 - 2. Completion & submission of the ***Health Professional Statement of Needs*** by the student's health professional, who is directly overseeing the student's condition which requires H&H Services
 - a. A new ***Health Professional Statement of Needs*** form must be submitted to continue with H&H services on or before the projected end date of the current form for H&H services to continue beyond the initial end date, and if not then the student's H&H services may terminate.
- C. Once both forms named above are submitted to the student's assigned Counselor, H&H services will be considered for approval by the student's H&H Team, consisting of administration, counselor(s), social worker, psychologist, nurse, teacher(s), and/or others who may need to provide input and a decision, will be made within two (2) school days after receipt of all required items by the student's assigned Counselor.



IV. RECEIVING H&H SERVICES

A. Determining the Category of H&H services

1. **Short-Term H&H** - The *Health Professional Statement of Needs* form states that the student must be out of school for a minimum of ten (10) consecutive calendared school days up to forty-five (45) consecutive calendared school days due to a reason stated in the "Purpose" section of this policy above.
2. **Long-Term H&H** - The *Health Professional Statement of Needs* form states that the student must be out of school for a minimum of forty-six (45) consecutive calendared school days or longer due to a reason stated in the "Purpose" section of this policy above.

B. Enrollment & Attendance

While a student is on H&H services status, the student will maintain enrollment at PHCS and the student's H&H Team will decide if the student will remain on active status with attendance entered as "H" or if the student will be temporarily placed on inactive status.

C. Type of H&H Services

1. If the student will be receiving basic education services from a private education provider within an inpatient or day treatment facility during H&H status in lieu of receiving H&H services from PHCS, then the student may temporarily be placed on inactive status while maintaining enrollment at PHCS until PHCS resumes basic education services for the student.
 - a. The *Home & Hospital Services Application* and *Health Professional Statement of Needs* still need to be completed for the student's file and PHCS will collaborate to transfer in grades and/or credits.
2. The type of H&H services, location and time of services, and the assigned PHCS person(s) who will provide services will be decided on a case-by-case basis based on what best facilitates independent, beneficial learning to meet the basic academic needs of the student, as determined by the student's H&H Team, with consideration given to *Health Professional Statement of Needs* and *Home & Hospital Services Application*.
3. H&H services are designed to facilitate independent, beneficial learning to meet the basic academic needs of the student by providing instruction, assignments, and/or academic assistance through one or more of the below
 - a. Virtual support utilizing Canvas, email communication, remote viewing of lessons, and/or other virtual methods to complete regular classroom assignments with modifications as determined by the student's H&H Team
 - b. Online courses provided by PHCS in conjunction with or in lieu of regular classes
 - i. Delivery and/or pick up of assignments and support materials by PHCS.
 - o PHCS person(s) assigned to provide the service will be determined by the student's H&H Team and PHCS will reimburse the PHCS person(s) assigned for time and/or travel if necessary
 - ii. Face-to-face educational support at PHCS outside of school hours.
 - o PHCS person(s) assigned to provide the support will
 - ✓ be determined by the student's H&H Team
 - ✓ maintain a log of date, time, and description of provided support
 - ✓ be reimbursed by PHCS for time and/or travel if necessary



- Service must be during PHCS contract days only (no weekends or non-contract days).
- Twenty-four hour notice must be given by either party to cancel a scheduled session.
- Service must be held on a PHCS campus, however, if a student must receive this service at home, hospital, or other location instead due to the student's condition, then this must be indicated and supported on the attached Health Professional's Statement of Needs.
- If it is determined by the student's health professional that the student is contagious at any time, then assigned PHCS person(s) providing the service(s) will not be required to meet with the student, regardless of location, until any risk to PHCS person(s) other students has passed, as verified by the student's health professional.

D. GRADES

1. Grading of assignments completed with on H&H status and/or assessment(s) made will be determined by the student's H&H Team.
2. A student may have an Incomplete (I) in the gradebook and/or on the transcript until satisfactory completion of H&H assignments by a given date at which time the Incomplete (I) will be replaced by a grade, all of which is determined by the student's H&H Team.

E. CREDIT

The amount of credit a student can earn and does earn while on H&H status will be determined by the student's H&H Team.



Home & Hospital Services Application

To be completed by Parent(s)/Guardian(s)

Return this application to this student's assigned Providence Hall Charter School Counselor

Student Information

Printed Student Last Name _____ Date _____

Printed Student First Name _____ Grade _____

No Nicknames

Student's Address _____

City _____ State _____ Zip _____

Parent(s)/Guardian(s) Information

1st Printed Parent/Guardian Name _____

(_____) _____ - _____ Type: cell home work

Parent/Guardian Phone Contact

I have received, read, & understand the PHCS Home & Hospital Services Policy.

1st Parent/Guardian Signature _____ Date _____

2nd Printed Parent/Guardian Name _____

(_____) _____ - _____ Type: cell home work

Parent/Guardian Phone Contact

I have received, read, & understand the PHCS Home & Hospital Services Policy.

2nd Parent/Guardian Signature _____ Date _____

Check the service(s) below you believe would best facilitate independent, beneficial learning to meet the basic academic needs of your child. Your input will be considered by your student's H&H Team.

- checkbox This student will be receiving basic education services from a private education provider within an inpatient or day treatment facility during H&H status (if you select this then do not select any below).
checkbox This student will not be receiving basic education services from a private education provider within an inpatient or day treatment facility during H&H status, so the below H&H services from PHCS are requested:
o Virtual support utilizing Canvas, email communication, remote viewing of lessons, and/or other virtual methods to complete regular classroom assignments with modification(s) as determined by the student's H&H Team
o Online courses provided by PHCS in lieu of or in conjunction with regular classes
o Delivery and/or pick up of assignment(s) and support material(s)
o Face-to-face educational support outside of school hours



THIS SIDE FOR PHCS USE ONLY

[] H&H Services Application from Parent(s)/Guardian(s) _____ Date Rcvd

[] Health Professional Statement of Needs _____ Date Rcvd

H&H Services [] Approved [] Not Approved _____ Date

H&H Services:

[] This student will receive basic education services from a private education provider within an inpatient or day treatment facility during H&H status, so no H&H services from PHCS will be provided at this time.

[] This student will receive virtual support utilizing Canvas, email communication, remote viewing of lessons, and/or other virtual methods to complete regular classroom assignments with modification(s) as determined by the student's H&H Team

[] This student will take online courses provided by PHCS in lieu of or in conjunction with regular classes

[] PHCS will deliver and/or pick up assignment(s) and support material(s). Assigned PHCS Person Providing Service _____

[] PHC will provide face-to-face educational support outside of school hours. Assigned PHCS Person Providing Service _____

Days of Service _____

Times of Service _____

Location of Service _____

Start Date of Services _____ Projected End Date of Services _____

Printed Name of PHCS Counselor _____

Signature of PHCS Counselor _____

Printed Name of PHCS Administrator _____

Signature of PHCS Administrator _____

Retain and keep on file all pertinent documents, such as statement of needs, this application, individual teacher plans for support, logs, emails, communication, etc.

[] This plan was extended on _____ Date PHCS Counselor Initials

[] This plan was modified on _____ Date PHCS Counselor Initials (attach modification details)

[] This plan was completed on _____ Date PHCS Counselor Initials



Health Professional Statement of Needs

This form is to be completed only by the health professional who is directly overseeing the student's condition that requires Home & Hospital services.

Return this form directly to the student's assigned Providence Hall Charter School Counselor.

Providence Hall Charter School (PHCS) Home & Hospital (H&H) services are designed to facilitate independent, beneficial learning to meet the basic academic needs of students who are unable to attend school due to hospitalization, injury, physical/emotional illness, complications with a pregnancy, or extenuating circumstances (e.g., violation of school policy, safe school violation).

Printed Student Last Name _____

Printed Student First Name _____

Diagnostic Statement _____

Based on the above diagnostic statement, why is this student unable to attend school?

More room is provided on the back of this page if needed.

Recommended Start Date of Home & Hospital Services _____

Projected End Date of Home & Hospital Services _____

Are there any indicated limitations in the provision of education services? YES NO

If yes, what are the limitations? _____

Is there a risk of contagion? YES NO

If yes, indicate level of contagion and measures or precautions needed. _____

Printed Name of Health Professional _____

Address _____

City _____ State _____ Zip _____

Signature of Health Professional _____ Date _____

Attach supporting documents to this form or add additional information on the back.

