

BUSD Home & Hospital Instruction (HHI)

Availability of Individualized Instruction for a pupil with temporary disability in the hospital or at home (EC §§48206.3, 48207-48208):

Home & Hospital Instruction (HHI) is available to all Berkeley Unified students who are unable to attend school for extended periods of time due to physical or mental incapacity*. Students must have authorization from a medical doctor and the school district to enroll. The student that is approved must have a need to be out of the school on record for 30 days or more. HHI is individualized instruction that is available to students with temporary disabilities whose disability makes attendance in the regular day classes or alternative education program in which the student is enrolled impossible or inadvisable. A temporary disability is defined as a physical, mental or emotional disability incurred while a student is enrolled in regular day classes or an alternative education program, and after which the student can reasonably be expected to return to regular day classes or the alternative education program without special intervention.

HHI students are entitled to **up to five hours** of instruction per week in math, science, history, and English. An assigned teacher usually meets the student at their home or in the hospital. If a student is with the HHI teacher for a quarter or more, then the HHI teacher will give a student grades for their classes. This program helps ensure that students, regardless of circumstance, can keep up with their education. The HHI program is administered on the Berkeley Independent Study campus, at 2701 Martin Luther King Way.

Families can apply for an extension of HHI by submitting another application after the first 30 days are finished. HHI is a temporary program and does not meet all graduation or A-G requirements. Students in HHI may not be concurrently enrolled in any other school. HHI is not an interim placement for students waiting to be placed in another program or school, and is only for students with serious medical conditions.

HHI Application Process:

1. The family picks up an HHI application from Berkeley Independent Study or downloads it from berkeleyindependentstudy.wordpress.com
2. A doctor must sign the application, give a medical reason, and add a return date.
3. The Principal/VP would have to approve and sign the HHI application as well as a counselor.
 - o *If the student has an IEP, then an IEP meeting must be held and the IEP team must agree to a change of placement if appropriate*
4. The family turns in the completed application to the Berkeley Independent Study Office
5. If already in a Berkeley school, the family makes an appointment for a master agreement meeting with the principal/counselor. *The family may need to show proof of Berkeley residency and work with the Admissions Office at 2020 Bonar to enroll in Berkeley Unified first before continuing the process.*
6. The family requests a transfer slip from the current school and shows the school the **yellow** copy of the master agreement.
7. The family goes to 2020 Bonar to admissions and requests a **pink** enrollment paper, and shows admissions their **yellow** master agreement and transfer slip.
8. The family takes the pink slip to the Berkeley Independent Study office
9. Then the family contacts the HHI teacher to then make a plan for the teacher to come to the home, hospital, BIS campus, or another agreed upon location to meet with the student.

CA Department of Education HHI description cde.ca.gov/sp/eo/hh/hhprogramsummary.asp



Berkeley Unified School District

Berkeley Alternative Education Programs

Heidi Weber, Principal

APPLICATION FOR HOME & HOSPITAL INSTRUCTION

2020 Bonar Street, Berkeley, CA 94702
(510) 644-6206 Fax: (510) 540-5358
donaldevans@berkeley.net

Donald Evans, Ed.D.
Superintendent

DATE: _____ Date Received by Alternative Ed: _____ (For Office Use Only)

Step 1: My student is physically unable to attend school for at least the next 4 weeks and I am requesting Home Hospital Instruction (HHI). The medical reason that my student is unable to attend their regular school is:

Does your student have a current or have an I.E.P. through Special Education? (Check One) Yes No

Does your student have a current 504 Plan? (Check One) Yes No

Is your student being assessed for an IEP (Check One) Yes No

Note: Application must be signed by Parent, Principal & Physician.

Name _____ DOB _____
(Last) (First)

Address _____ Phone _____

City/State/Zip _____ Cell _____

(Signature of Parent/Guardian)

(Please print Parent/Guardian Name)

Step 2:

TO BE COMPLETED BY PHYSICIAN:

The above named is under my care because of (diagnosis) :

_____ and
will not be able to return to school until (DATE) _____. If student needs hospital instruction,
please indicate Hospital Name _____.

Would the patient's condition prohibit them from attending an Independent Study Program at a school site for one hour each week? (Check One) Yes No

(Physicians Signature)

(Please Print Physicians Name)

(Address / City / Zip)

(Business Phone)

(Cell Phone)

Step 3: SCHOOL INFORMATION:

Last School Attended: _____ Last Date Attended: _____

Grade: _____ Counselor &/ or Case manager: _____

Principal/VP: I have reviewed this student's case and I approve of Home & Hospital instruction.

Required Signature of current Principal/Vice Principal: _____ Date _____

TO BE COMPLETED BY INDEPENDENT STUDY :

Approved By: _____
(Required signature of HHI Principal)

Date: _____