



Berkeley Unified School District

Berkeley Alternative Education Programs

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BUSD Home & Hospital Instruction (HHI) for K-12 grade studentsr

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 (K-12) who are unable to attend school for extended periods of time due to physical or mental incapacity* who are currently residing in the city of Berkeley, and not for students who are currently in a residential program. 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 temporary 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 classes or an alternative education program, after which the student can reasonably be expected to return to regular classes or an alternative education program without special intervention. Families can apply for an extension of HHI by submitting another application after the first 30 days are finished. HHI is a temporary program. HHI students' instruction is in grade-level **math, science, history, and English**. HHI **does not** meet all graduation or A-G requirements for 9th-12th grade students. Students in HHI **may not** be concurrently enrolled in any other school. If a student is with the HHI teacher for a quarter or more, then the HHI teacher may give a student grades for their classes. HHI teachers may not give grades for a 30-day placement. 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. Students with IEPs must have an IEP placement meeting before moving to HHI. This program helps ensure that students, regardless of circumstance, can have access to their education.

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

HHI Application Process:

1. The family fills out the first part of the HHI application form in STEP 1.
2. A doctor must sign the application, give a medical reason, and add a return date. A doctor's note attached is also acceptable in STEP 2.
3. The current school Principal/VP must approve and sign the HHI application in STEP 3.

****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. Please invite BIS principal/designee to IEP placement meeting****

4. The family emails the completed application to the Berkeley Independent Study Office at BIS@berkeley.net
5. Then the family contacts the HHI teacher to arrange a regular weekly schedule.



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Heidi Weber, Principal APPLICATION FOR HOME & HOSPITAL INSTRUCTION [Email application to bis@berkeley.net](mailto:bis@berkeley.net)

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

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 temporary 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

Student Name _____ DOB _____ ID# _____

Address _____ Grade _____

Parent Phone Number: _____

Current School: _____

Signature of Parent/Guardian _____

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Print Parent/Guardian Name _____ EMAIL: _____

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: ____.

(Physicians Signature)

(Please Print Physicians Name)

(Address / City / Zip)

(Business Phone)

(Cell Phone)

Step 3: CURRENT SCHOOL INFORMATION:

Last School Attended: _____ Last Date Attended: _____

Grade: _____ Academic Counselor &/ or Case manager: _____

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

Signature of Principal/Vice Principal: _____ **Date** _____

BY INDEPENDENT STUDY OFFICE :

Approved By: _____
(Signature of HHI Principal/Designee)

Date: _____

