



**A COPY OF IMMUNIZATION RECORDS ARE REQUIRED WITH THIS REFERRAL**

LOS ANGELES UNIFIED SCHOOL DISTRICT

**Carlson Home Hospital School**

10952 Whipple St. No. Hollywood, CA 91602

Phone: (818) 509-8759

FAX: (818) 505-0246

**NON-MEDICAL  
REFERRAL FOR INTERIM  
HOME INSTRUCTION**

**NOTE:** Home Teaching is considered a change in placement. Where applicable attach a copy of the current IEP page which indicates interim placement to Home Teaching and the anticipated ending date of service. **Placement may not exceed 90 calendar days.**

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  M  F

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gr. \_\_\_\_\_ Student Language \_\_\_\_\_ Parent/Guardian Language \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent Email Address \_\_\_\_\_

Do you have Internet Access?  Yes  No Student Email Address (Gr. 6-12) \_\_\_\_\_

School of Attendance \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Last date of attendance \_\_\_\_\_

School of Residence \_\_\_\_\_

Does student have a current IEP?  Yes  No Eligibility \_\_\_\_\_ Does student have a current 504 Plan?  Yes  No

**IMPLEMENTATION OF SERVICE**

**Carlson Home Online Academy (CHOA) Home Instruction** will provide students in grades 6/7–12 on the General Ed Curriculum up to 15-20 hours of instruction per week in up to five (5) subject areas. Students eligible for CHOA may be provided face-to-face home instruction for five (5) hours of instruction in 2 basic subject areas per week on a case-by-case basis in lieu of participating in CHOA.

**Face-to-Face Home Instruction** will provide students in grades TK–5/6 on the General Ed Curriculum or in grades TK–12 on the Alternate Curriculum five (5) hours of instruction per week. Instruction is offered in two (2) basic subject areas. English Learners and Standard English Learners will be provided additional instruction in ELD/MELD. A responsible adult (18 years of age or older) identified in writing by educational rights carrier must be present when the teacher is in the home.

**By signing this authorization for service, the parent/guardian is agreeing to the following:**

- ▶ If the student is eligible, educational services will be temporarily provided by the Carlson Home Hospital School.
- ▶ The student will be temporarily disenrolled from his/her regular school of attendance (cumulative record carrying school) during the period he/she is receiving Carlson services. Grades and marks will be reported to the cumulative record carrying school.
- ▶ Educational information will be accessed and used to plan and provide an appropriate educational program for the student.
- ▶ Permission to provide services or access school records may be revoked via written parent/guardian request at any time.
- ▶ Carlson provides home instruction between the hours of 8:00 AM and 7:00 PM. No specific schedule nor teacher can be guaranteed.

**PARENT/LEGAL GUARDIAN AUTHORIZATION TO RECEIVE/RELEASE MEDICAL AND ACADEMIC INFORMATION AND TEMPORARILY TRANSFER EDUCATIONAL DUTIES:**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**One of the following persons must complete page 2 to authorize service:**

Associate Superintendent of Special Education, Local District Superintendent,  
Administrator of Operations, or their designee on file.



**NON-MEDICAL REFERRAL FOR INTERIM HOME INSTRUCTION**

**IMPLEMENTATION OF SERVICE**

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**Face-to-Face Home Instruction** will provide students in grades TK–5/6 on the General Ed Curriculum or in grades TK–12 on the Alternate Curriculum five (5) hours of instruction per week. Instruction is offered in two (2) basic subject areas. A responsible adult (18 years of age or older) identified in writing by educational rights carrier must be present when the teacher is in the home.

**To Be Completed By District Personnel**

The following modified programs or other educational options have been tried (please check all options that apply):

- Enrolled in a shortened school day.
- Enrolled in an Independent Study Program provided by the student's cumulative record carrying school (LAUSD Bulletin M-128.0), allowing the student to complete course work independently, at home.
- Developed and implemented a Section 504 Plan to accommodate student needs through program modifications (ie: modify a class schedule, adjust placement of a student within a classroom, increase/decrease opportunity for movement, quiet area to complete work, approve early dismissal for service agency appointments, etc.)
- Identified as eligible for special education services and an Individualized Education Program (IEP) was developed to consider the student's abilities, educational needs, and the appropriate placement and services.
- Other: \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Is the student a present danger to the teacher?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Non-Medical Referral form completed by:

Print Name \_\_\_\_\_ Print Title \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Requested beginning date of service: \_\_\_\_\_ Anticipated ending date as indicated on IEP \_\_\_\_\_  
(Referral not to exceed 90 calendar days)

**The Non-Medical Referral must be authorized by the  
Associate Superintendent of Special Education, Local District Superintendent,  
Administrator of Operations, or their designee on file**

Print Name \_\_\_\_\_ Print Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Direct Phone Number ( ) \_\_\_\_\_