



Palermo Union School District

### MIS/HHI Parent Request Consent Form

PUSD offers Medical Independent Study (MIS) and Home Hospital Instruction (HHI) as services to meet the educational needs of students who incur a temporary but extended illness or disability which makes attendance at their regular home school impossible or inadvisable. The expected period of absence must be **at least six (6) weeks**.

**The goal of this service is to maintain the student’s former level of performance while recovering.**

*“Temporary disability” (Ed Code 48206.3) is defined as a physical, mental, or emotional disability incurred while a pupil is enrolled in regular day classes or an alternative education program, and after which the pupil can reasonably be expected to return to regular day classes or the alternative education program without special intervention. A temporary disability shall not include a disability for which a pupil is identified as an individual with exceptional needs pursuant of Ed Code 48207.*

Student’s Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent(s)/Guardian(s) E-mail: \_\_\_\_\_

Home School: \_\_\_\_\_ Current School if different from Home School \_\_\_\_\_

Current Teacher or Counselor: \_\_\_\_\_

My student has an Individualized Education Plan Yes \_\_\_ No \_\_\_

My student has a 504 Plan Yes \_\_\_ No \_\_\_

***Please initial all of the following and sign below:***

\_\_\_\_\_ I hereby request that my child be evaluated by PUSD for the Medical Independent Study or Home Hospital Instruction Program because he/she is temporarily unable to attend his/her regular school for medical reasons.

\_\_\_\_\_ I understand that placement in these programs is at the discretion of PUSD.

\_\_\_\_\_ I agree to attend planning/placement meetings.

\_\_\_\_\_ It is my intent that my child will return to her/his regular class(es) as soon as possible when his/her medical condition improves.

\_\_\_\_\_ I understand that prior to returning to his/her home school, a release from his/her doctor stating that he/she is ready to return to full time attendance must be obtained and submitted to Health Services. This notice must include any limitations to his/her full participation.

\_\_\_\_\_ I understand that if my child wishes to participate in any home school activities while enrolled in the MIS/HHI Program, a physician’s release to participate in those school-based activities must be submitted to the Program prior to participation.

\_\_\_\_ I understand that if my student is enrolled in MIS/HHI at the time of promotion or graduation, 8<sup>th</sup> grade, and wants to participate in end of the year promotion/graduation activities, he/she must:

- Have successfully completed all graduation/promotion requirements
- Meet the home school's behavior and attendance requirements
- Have spent over 50% of his/her middle school years at his/her home school and
- Submit notification of intent to participate to the Palermo Middle School office at least eight weeks in advance; earlier if he/she wishes to be included in the printed program. A physician's release to participate in these school-based activities must accompany the notification.

*After my child has been evaluated, if it is determined that instruction will take place in the home:*

\_\_\_\_ I agree to be present in the home or have a designated responsible adult present in the home setting during all MIS or HHI services.

\_\_\_\_ I agree to provide a quiet and appropriate place for instruction.

\_\_\_\_ I agree to have my child ready for instruction as arranged with the teacher.

\_\_\_\_ I agree to notify the teacher as far ahead as possible if my child is unable to receive instruction for any reason.

*Parent/Guardian Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

When completed, deliver to the PUSD District Office, Attention Health Services, or e-mail [ahays@palermoschools.org](mailto:ahays@palermoschools.org) or fax to (530) 532-1047 Attention Health Programs.

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