

# Home/Hospital Program Form

District: \_\_\_\_\_ School: \_\_\_\_\_

**Student Information**

Student: \_\_\_\_\_  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_  
 School Year: 20\_\_\_ - 20\_\_\_  
 Teacher Name: \_\_\_\_\_

**Reason for Admission**

\_\_\_\_\_ - Medical \_\_\_\_\_ - Mental Health  
 If admission is based on mental health reason,  
 was the student served in the:  
 \_\_\_\_\_ - Home \_\_\_\_\_ - Hospital \_\_\_\_\_ - Both

**Duration**

Home Hospital Enrollment Date: \_\_\_\_\_ Projected HH End Date: \_\_\_\_\_  
 Extension Date (if applicable): \_\_\_\_\_  
 Individualized Education Program (IEP) on file: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If IEP on file, date of ARC meeting where home/hospital placement  
 was decided: \_\_\_\_\_  
 If no IEP on file, date of HH determination by committee: \_\_\_\_\_

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL MINUTES
AUGUST																																
SEPTEMBER																																
OCTOBER																																
NOVEMBER																																
DECEMBER																																
JANUARY																																
FEBRUARY																																
MARCH																																
APRIL																																
MAY																																
JUNE																																
JULY																																

Instructions:

- Fill in all Blanks
- Reason for Program Admission must be completed
- Contact Division of District Support for a sample of a completed form

**Note:**  
 Kentucky school districts should maintain Home/Hospital Program forms within the school district. Forms will be requested for inspection during scheduled Attendance Reviews.

**UPDATED JULY 2023**

Teacher Signature: \_\_\_\_\_

If more than once teacher provides instructions, they must sign below:

Teacher Name: \_\_\_\_\_

Dates of Instruction: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

\_\_\_\_\_

Teacher Name: \_\_\_\_\_

Dates of Instruction: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

\_\_\_\_\_