For Home and Hospital Use Only
Date Received: _____
Date Assigned: _____
Program(s): _____
e-LC _____
Tutor(s): _____ Both: **_____**
Date of Withdrawal: _____

HOME AND HOSPITAL PROGRAM
6229 FALLS ROAD
BALTIMORE, MARYLAND 21209
Telephone 443-809-3222
Email hhreferrals@bcps.org

SCHOOL REFERRAL PHYSICAL/PREGNANCY/EMOTIONAL CONDITIONS - SY 2021-2022

***Students should continue to attend school until home school is notified of assignment by the Home and Hospital Program. If student is unable to attend, referring school is responsible for providing FAPE (work/instruction). After assignment to the Home and Hospital Program, student must remain on comprehensive school roll and marked present. ***

Student Name: _____ I.D. No.: _____ Grade: _____
Date of Birth: _____
Home School: _____ School I.D. Number: _____
School Currently Attending: _____ School I.D. Number: _____

I. Compliance**:** Follow steps that correlate to the needs of the student being referred. All steps must be completed, and documents attached for referral to be considered. Please check each box to indicate completion.

REQUIRED FOR ALL STUDENTS

Please check program type requested for student:

FULL-TIME: ☐

(Continuous absence of 20 or more school days)

Full-Time Special Education Student Checklist:

- ☐ IEP Team held to review Home & Hospital Recommendation Date held: _____
- ☐ Copy of Revised IEP
- ☐ Copy of Team Notes (Notes must match IEP)
- ☐ Copy of current FOCUS Schedule
- ☐ Action Plan for Student Re-Entry
- ☐ Instructional Materials Request Forms for each course requested
- ☐ Last date of attendance in current school: _____
- ☐ Number of days absent this school year: _____

Full-Time Regular Education Student Checklist:

- ☐ Copy of 504 Plan (if applicable)
- ☐ Copy of current FOCUS Schedule
- ☐ Copy of SST Notes Date held: _____
- ☐ Action Plan for Student Re-Entry
- ☐ Instructional Materials request Forms for each course requested
- ☐ Last date of attendance in current school: _____
- ☐ Number of days absent this school year: _____

CHRONIC/INTERMITTENT: ☐

(Intermittent absences throughout the school year)

☐ Copy of current FOCUS Schedule

☐ Copy of current IEP (*no team required) or 504 Plan (if applicable)

II. Instruction:

☐ Student is attending in-person instruction ☐ Student is attending the Virtual Learning Program

A. Please check appropriate levels of academic achievement.

	Above Average	Average	Below Average
Reading	☐	☐	☐
Math	☐	☐	☐
Written Language	☐	☐	☐

*Complete for ALL students

Does student have computer access? ☐Yes ☐No

Does student have Internet services? ☐Yes ☐No

Would online learning be appropriate? ☐Yes ☐No

B. Course title must be written below. (For GR 12- *asterisk those courses needed for graduation)
Note: Students receive instruction in major courses through Home and Hospital education. *Confirmation of classes approved for delivery through H&H will be emailed to the school contact on record at H&H for review.

List of courses referring school is requesting through Home and Hospital

Course Title	Full Year	Half Year	Quarter	Current Teacher's name/Withdrawal Grade
1.	☐	☐	☐	
2.	☐	☐	☐	
3.	☐	☐	☐	
4.	☐	☐	☐	
5.	☐	☐	☐	
6.	☐	☐	☐	

School Counselor Name: _____ Phone: _____ Date: _____

Principal, Supervisor, Coordinator, Designee Signature: _____ Date: _____

Referral cannot be processed without signature Phone: _____

Rev. 07/2021