

BALTIMORE COUNTY PUBLIC SCHOOLS

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COVID-19 School Closure Statement

To All Medical Doctors, Psychiatrists, and Psychologists

The Home and Hospital Program of Baltimore County Public Schools traditionally provides an educational alternative for students who are unable to participate in the comprehensive school's programming due to medical and or emotional needs. Their illness prevents them from attending a full day of regular school programming.

In the wake of the COVID-19 Pandemic, Baltimore County Public Schools is offering remote learning for ALL BCPS students. There will be no face to face instruction for all students until after January 29, 2021. Students will be able to engage in online learning with their classmates and teachers in their regular school community.

The Home and Hospital Program is encouraging families and schools to allow students to begin their initial instruction with their peers and classroom teachers in order to provide access to their school community. If medical and/or emotional conditions are severe or continue to be a barrier to their educational access, students can still be referred to the Home and Hospital Program for online instruction with modifications and reduced time.

We appreciate your cooperation and are here to support and collaborate with you.

The Home and Hospital Program

Baltimore County Public Schools

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 410-887-3222
Email hhreferrals@bcps.org**

SCHOOL REFERRAL PHYSICAL/PREGNANCY/EMOTIONAL CONDITIONS- SY 2020-2021

**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: _____ ID. No.: _____
Grade: _____
Date of Birth: _____ Sex: _____ Race: _____
Parent/Guardian: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: (Home) _____ (Work) _____ (Cell) _____
Home School: _____ School I.D. Number: _____ Phone #: _____
Fax #: _____
School Currently Attending: _____ School I.D. Number: _____ Phone #: _____
Fax #: _____

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)

- Last date of attendance in current school: _____
- Copy of current report card
- Copy of Current SILK Schedule (Gr. 6-12)
- Instructional Materials Request Form(s)
- Number of days absent this school year: _____

Action Plan for Student Re-Entry

CHRONIC/INTERMITTENT:

SERVICES TO BEGIN WHEN SCHOOLS RE-OPEN FOR IN-PERSON INSTRUCTION

(Intermittent absences throughout the school year)

Copy of Current SILK Schedule (Gr. 6-12)

Copy of current report card

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

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)

CERTIFICATE BOUND

Full-Time Regular Education Student Checklist

Copy of SST notes Date held: _____

Copy of 504 Plan (if applicable)

II. Instruction:

A. Please check appropriate levels of academic achievement.

	Above Average	Average	Below Average
Reading			
Math			
Written Language			

***Complete for secondary students (Gr. 6-12) ***

Does student have computer access?

Yes

No

Does student have Internet services?

Yes

No

Would online learning be appropriate?

Yes

No

B. Course titles (for seniors- *asterisk those needed for graduation) must be written below even if schedule is attached.

Note: Students receive instruction in major courses through Home and Hospital education.

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

School Counselor: _____ Phone: _____

Principal's Signature: _____ Phone: _____

(Referral cannot be processed without principal's signature)

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