

**Summerville Union School District**  
**HOME/HOSPITAL**  
1755 Tuolumne Road  
Tuolumne, CA 95379  
Phone: (209) 928-4228 Fax: (209) 928-1422  
Email: [cjensen@summbears.net](mailto:cjensen@summbears.net)

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

**NOTE: Home/Hospital is considered a change in placement. An Addendum has to be done to the IEP, but placement may not exceed 60 calendar days. This IEP change needs to be done prior to services starting in Home/Hospital.**

*This form is valid for current school year only: \_\_\_\_\_*

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_ Student ID: \_\_\_\_\_ Student Email: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Last Day of Attendance: \_\_\_\_\_ Administrator Signature: \_\_\_\_\_

Does student have a current IEP? [  ] Yes [  ] No Eligibility \_\_\_\_\_ **ATTACH IEP WITH PLACEMENT CHANGE**

- Services to be Provided: per IEP
- Annual or triannual MUST BE CURRENT
- CASE MANAGER WILL REMAIN THE SAME UNLESS PLACEMENT CHANGES

**[ ] HOME TEACHING**

Questions: Call Kellene Ditler at (209) 928-4228, ext. 232  
Fax referral to (209) 928-1422

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

Additional Comments: \_\_\_\_\_

Non-Medical Referral form completed by:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Title

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Date

**NON-MEDICAL REFERRAL MUST BE AUTHORIZED BY K. DITLER**

**SUHSD USE ONLY:**

Teacher Assigned: \_\_\_\_\_ Date Teacher Assigned: \_\_\_\_\_

[  ] Approved request forwarded to Registrar [  ] Forwarded to Attendance Secretary