



GEC Home/Hospital Instruction Plan - Completed by Team at Meeting

Edited 9/22/23

Context: The following plan is created for the student for an approved home or hospital instruction plan at the scheduled team meeting. T

Student Name:

Date of Birth:

Grade:

School/LEA:

Provider Name:

Provider Title:

Provider Email Address:

Hospital/Practice Name:

Hospital Practice Phone Number:

Parent/Guardian Name:

Parent/Guardian Phone Number:

Parent/Guardian Email:

Location for HHI:

1. Date of HHI Team Meeting:

2. HHI Start Date:

HHI End/Review Date (maximum of 60 days):

3. The student's educational program includes (select all that apply):

- Special Education (IEP)
- Section 504 Plan
- English Learner (EL)
- None of the Above

If the student has an IEP or 504 plan, attach a copy of the plan.

4. Frequency and Duration of Instructional Services

- Continuous - delivered during a scheduled, prolonged absence at ___ hours per week
- Periodic - delivered within two weeks of an excused absence* at ___ hours per excused absence

5. Delivery of Related Services (if applicable):

