

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):

6. Delivery Method of Services

- In Person at (insert home or hospital address):
- Virtual (requires parent/guardian agreement and consent)

7. Content areas and topics or standards to be covered during instruction:

English Language Arts (Reading)

Math - specify standard/area:

- English Language Arts (Written Expression)
- Social Studies specify topic/area:
- Science specify topic/area: Other specify:
- 8. School-based Case Manager (staff member responsible for providing work to the instructor and disseminating completed work to teachers for review and grading):

Team Member Names, Roles, & Signatures: