

BUL-1229.0
November 28, 2005

LOS ANGELES UNIFIED SCHOOL DISTRICT
Division of Special Education
Carlson Home Instructional Program and Hospital School

ATTACHMENT C

NON-MEDICAL REFERRAL FOR INTERIM HOME INSTRUCTION/TELETEACHING

NOTE: Home Teaching or Teleteaching is considered a change in placement. Attach a copy of the current IEP which must indicate interim placement to Home Teaching or Teleteaching and the anticipated ending date of service. **Placement may not exceed 60 calendar days without a review of the current IEP.**

Indicate Service Requested:

☐ **HOME TEACHING**

Questions: Call Administrator, Carlson Home Instructional Program and Hospital School at (818) 509-8759.
Send referral and IEP to Carlson Home Instructional Program and Hospital School or Fax to (818) 505-0246.

☐ **TELETEACHING**

In the City:

Questions: Call Teleteaching Coordinator at (323) 732-1872
Send referral and IEP to: Widney H.S., Teleteaching Coordinator, or Fax to (323) 734-8048.

In the Valley:

Questions: Call Teleteaching Coordinator at (818) 885-1646
Send referral and IEP to: Miller H.S., Teleteaching Coordinator, or Fax to (818) 349-5707.

Student Information

Name _____ ☐ M ☐ F DOB ____/____/____ Gr. ____ Language _____
Address _____ City _____ Zip _____
Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____
Parent/Guardian _____ Parent/Guardian Language _____ Cum
Carrying School _____ Phone (____) _____ Track ____ Local District ____ Contact Person

Position _____
School of Residence _____ Local District _____ Special Ed Eligibility _____
Reason for Referral: _____

Additional Comments: _____

Non-Medical Referral form completed by:

Print Name Print Title Signature Date
Requested beginning date of service: _____ Anticipated ending date as indicated on IEP _____

(If less than 15 days to end of semester, cum carrying school must issue final grades.)

NON-MEDICAL REFERRAL MUST BE AUTHORIZED BY THE SPECIAL EDUCATION SUPPORT UNIT ADMINISTRATOR OR THE COORDINATOR OF NONPUBLIC SERVICES DEPARTMENT

**SPECIAL EDUCATION SUPPORT UNIT ADMINISTRATOR OR
NPS DEPARTMENT COORDINATOR AUTHORIZATION**

Print Name

Signature

Date

(____) _____
Phone