Long-Term Disclosure Statement

Purpose: The Long-Term Home & Hospital Program was developed to meet the basic academic needs of Jordan School District students in the following categories:

- Student unable to attend school for forty-six days or longer due to physical/emotional reasons.
- At Risk- District suspension for weapons or disruptive behavior as designated by the Jordan School District Safe School Hearing Committee.
- High Risk – District suspension for drugs or alcohol (2nd or 3rd violation for use or possession & 1st offense for selling or distributing).

Procedure: In order to register for H & H services, parents must call Student Support Services (801)567-8326 to schedule an appointment with the Administrator. Please bring the following documentation:

- Physician’s Statement of Needs with start and end dates
- Receipt of payment for the school registration fees (if applicable)
- Students with IEPs contact Special Education.

Guidelines: Due to the difficulties of delivering instruction in a setting other than at school, the guidelines are as follows:

1. The student will be registered for online classes (Utah Students Connect UTSC) according to the classes she/he is currently enrolled in and the credits needed for graduation.
2. The student will be assigned a H&H facilitator who will meet with the student once a week for two hours. The facilitator will provide support and answer any questions the student may have with his homework and assignments. The student will have access to the online teachers and the H&H facilitator.
3. The H&H facilitator will call and arrange an appropriate time for the weekly meetings. A responsible adult must be present during every H&H visit.
4. Failure to notify the H&H teacher of cancellations will result in the student being dropped upon the second absence.
5. Upon termination of services, parents are to contact Student Support Services.

I have reviewed and received a copy of this Disclosure Statement.

Parent’s Signature ___________________________________________ Date _____________

Student’s Signature ___________________________________________ Date _____________