

Orange Unified School District Home Hospital Program Home Hospital Teacher Application

Complete all components electronically and submit to the Alternative Education Dept.

Name	,	· ·	Home Phone						
Home Address			Cell Phone						
Employee ID number		School	Current Assignment						
Teaching Experience (list most recent position first)									
Date	District	School Teaching Assignment (Gra							
Teaching Credentials (please list all credential authorizations/HQT Status)									
Teaching Credentials (please list all credentia	Tauthorizations/HQT Status)							
	d (list most recent fir								
Institution	Dates	Degree	Major/Minor						
		ngs you have recently attended	1						
Training Title		Dates	Enduring Learning						

Must be completed by your Site Administrator:

Based on your personal experiences, rate the candidate on the following characteristics. Return completed form to the Alternative Education Dept.

Candidate_____

Characteristics	Excellent	Above Average	Average	Needs to improve	No opportunity to judge
Ability to work collaboratively with others					
Ability to reflect and make changes in their instructional practice					
Ability to complete and submit paperwork in a timely manner—meet deadlines					
Ability to effectively and clearly communicate ideas verbally and in writing					
Ability to objectively examine situations and provide non- biased feedback					
Ability to differentiate instruction to meet the diverse needs of students					
Ability to organize and manage multiple responsibilities					
Ability to maintain confidentiality and professionalism when working with colleagues					

The position of Home Hospital teacher is unique. It is the most critical role of this program. Do you have any comments that would inform the committee of the quality of this candidate?

Site Administrator Name/Title (please print)

Date

Orange Unified School District Home Hospital Teacher Program Agreement 2016-2017 I agree to become part of a team of Home Hospital Teachers within the Orange Unified School District. I understand that in addition to adhering to the requirements and expectations of the students I will be working with, I will adhere to the expectations for this position as stated in this agreement. I recognize that my participation in this Home Hospital Teacher Program will provide me with eligibility to have no more than three Home Hospital Students placed on my case load when deemed appropriate by the district Home Hospital Coordinator in collaboration with Site Administrators.

As a Home Hospital Teacher, I agree to:

- 1. Attend a one-time only-2 hour training on the expectations for Home Hospital Teachers.
- 2. Commit to provide services for the time designated by the Home Hospital Coordinator.
- 3. Collaborate with colleagues to obtain assignments, curriculum and class/courses for each Home Hospital student.
- 4. Provide confidential support to the student and parent.
- 5. Score and grade all assignments completed by the Home Hospital Student and communicate these grades within a timely manner.
- 6. Submit the Home Hospital Teacher Progress Reports and weekly attendance logs to the Home Hospital Department within given timelines.

Home Hospital Teacher Signature

Date