VISTA UNIFIED SCHOOL DISTRICT
Student Support Services
1234 Arcadia Avenue
Vista CA 92084

FOR BEHAVIORAL HEALTH DIAGNOSES

Home/Hospital Instruction
TREATMENT PLAN

PATIENT INFORMATION

Student Name _____

Parent/Guardian Name(s) _____

Address _____
Street Address City

Phones: _____ _____ _____
Home Work Cell

Home Teacher is recommended for approximately _____ (# of weeks)

DSM IV-R Diagnosis:
Specific Symptoms/Problems:
Treatment Strategies:
Expected Outcome/Placement:
Medication Regimen:

Physician/Therapist Signature and Title _____

Phone: _____ Date _____