



REQUEST FOR HOMEBOUND INSTRUCTION
(All sections must be completed for consideration of approval)

TO BE COMPLETED BY SCHOOL:

Person requesting homebound instruction: _____

Reason for homebound instruction: _____

Student Name: _____ Age: _____ D.O.B. _____

Home Address: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Telephone: Home: _____ Work: _____ Cell: _____

Does this student have an IEP or 504? (circle one) Yes _____ No _____ (If yes, please include copy)

Last date student attended school: _____ Suspended: Yes _____ No _____

District-level hearing scheduled (if applicable): Yes _____ No _____ Date: _____

Has the student received work or assignments from school? Yes _____ No _____

Date Homebound Begins: _____ Approximate End Date: _____

School Contact: _____ Phone: _____ Email: _____

TO BE COMPLETED BY PARENT/GUARDIAN:

Do you understand that homebound "supportive" instruction is an alternative educational program provided at home, in a hospital or at a related site for students **temporarily** at home or hospitalized for a sudden illness, injury, episodic flare up of a chronic condition or accident considered to be of a **temporary** nature

Yes _____ No _____ initial _____

If approved you agree to the following:

- You shall ensure that a responsible adult over the age of 21 will be present in the home for the entire period of homebound instruction
- You shall allow the teacher and student to work without distractions such as TV, radio, pets, etc.
- You shall notify the service provider within 24 hours if you need to cancel a scheduled appointment
- You shall sign the teacher(s) time sheet at the end of each instructional period
- You shall notify the school contact person if there are any discrepancies with homebound services
- You understand that homebound is provided for 5 hours per week (grades K-5) or 7 hours per week (grades 6-12). The IEP Team will determine weekly hours for students with IEPs
- You understand that failure to comply with the above conditions or 3 unexcused absences from scheduled sessions will result in termination of homebound instruction

Parent/Guardian Name (Please Print) _____

Parent/ Guardian Signature _____

Date: _____

Richard L. Gregg, Superintendent

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