

DAN SHELTON, ED.D.
Superintendent

Thea R. Scott
Homebound Instruction Coordinator

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

COMPLETED BY SCHOOL:

Person requesting homebound Instruction: _____

Reason for homebound instruction: _____

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

Address: _____

School: _____ Grade: _____ IEP or 504 Plan: Yes _____ No _____
(If yes, please include copy)

Parent/Guardian Name: _____

Telephone: Work: _____ Cell: _____ Email: _____

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 requested for homebound to begin: _____ Approximate end date: _____

School Contact: _____ Phone: _____ Email: _____

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 a student **temporarily at home** or hospitalized for a sudden illness, injury, episodic flare up of a chronic condition, accident, or pregnancy, childbirth or related medical condition to pregnancy or childbirth.

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 arrange doctor's appointments, therapy, etc. so those appointments do not conflict with scheduled instruction
- You shall sign the teachers 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 failure to comply with the above conditions will result in termination of homebound instruction

Parent/Guardian Name (Please Print)

Parent/ Guardian Signature