



Together, Educating Every Student for Excellence

CHRISTINA SCHOOL DISTRICT
Drew Educational Support Center
600 North Lombard Street
Wilmington, Delaware 19801

Student Services
Phone: (302) 552-2718
Fax: (302) 429-4142
TDD: (800) 232-5470

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 _____

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