

DAN SHELTON, ED.D.
 Superintendent

Dr. Gina Moody
 Director, Student Services &
 Whole Child Support

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

COMPLETED BY SCHOOL:

Date: _____

Person requesting homebound services: _____

Reason for homebound services: _____

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

Address: _____

Does the student have an IEP _____? 504 Plan? _____ SMSP _____? FBA/BSP? _____ *Attach IEP & PWN, 504 Plan & Meeting Minutes, SMSP, &/or FBA/BSP

School: _____ Grade: _____

Parent/Guardian Name: _____

Phone: Work: _____ Cell: _____ Email: _____

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

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

Number of Hours Per Week Requested: _____

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

School Contact (Name/Role): _____ Phone: _____ Email: _____

COMPLETED BY PARENT/GUARDIAN:

- Do you understand that homebound, or "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 _____
- Do you understand that Homebound Instruction is not a substitute for the classroom?
 Yes _____ No _____ initial _____
- Do you understand that Homebound Instruction is provided for a minimum of **3** hours per week (K-5) or **5** hours per week (6-12)?
 Yes _____ No _____ initial _____
- Do you understand that you will need to provide medical and/or psychological updates upon request or homebound services will be terminated?
 Yes _____ No _____ initial _____

If approved, you agree to the following:

- Supporting your child by limiting distractions, such as TV, radio, pets, etc. and using an appropriate learning space
- Ensuring that a responsible adult over the age of 21 will be present for the entire period of homebound instruction
- Supporting your child in displaying school appropriate behavior during in-person/virtual sessions
- Notifying the service provider within 24 hours if you need to cancel a scheduled appointment
- Arranging doctor's appointments, therapy, etc. so those appointments do not conflict with scheduled instruction
- Notifying the school contact person if there are any questions or concerns with homebound services
- Returning your child to school if the physician recommends terminating homebound services
- Failing to comply with the above conditions will result in termination of homebound instruction

 Parent/Guardian Name (Please Print)

 Parent/Guardian Signature

 Date