

REQUEST FOR HOMEBOUND INSTRUCTION

Section I (to be completed by parent/guardian/agency/institution)

A. Data

1. Student Name _____ DOB _____
2. Address _____ Phone# _____
3. School _____ Grade _____
4. Parent/Guardian Name(s)
_____ (Father) _____ (Mother)

B. Reason for Homebound Instruction Request

Note: Original recommendation of physician must be attached, copies not accepted. This recommendation must include diagnosis and anticipated duration of absence. (Minimum 10 school days for grades K-12)

- C. Projected duration of homebound services _____
- D. Parent/Guardian Signature _____ Date _____
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Section II (to be completed by school personnel)

A. Approvals

		Approve	Disapprove
Principal _____	Date _____	_____	_____
Coordinator of Special Education/ Pupil Services _____	Date _____	_____	_____

B. Disposition

1. Assigned to _____
Teacher(s)
2. Beginning date _____
3. Projected termination date _____
4. Actual termination date _____