



PROVIDER DOCUMENTATION OF ATTEMPTS TO SCHEDULE HOMEBOUND SERVICES WITH PARENT/GUARDIAN

I. STUDENT INFORMATION (Please Print)

Student's Name:	Date of Birth:	Age:	Gender:	Grade:
School:	School Year:	Parent Name:		
		Parent Phone Number:		

II. Assigned Provider Name _____ Date Received ___/___/___

III. Total Hours to be Served: _____

IV. Initial Contact to Set-Up Services with Parent: ___/___/___

<input type="checkbox"/> PHONE	_____	<input type="checkbox"/> E-MAIL	_____
	Date/Time		Date/Time
	_____		_____
	Date/ Time		Date/ Time
	_____		_____
	Date/ Time		Date/ Time

*After 1 week or 3 attempts to schedule Homebound sessions with parent, notify school-based coordinator.

V. Contact School-based Homebound Coordinator: _____
Date/Time

VI. Contact District-level Homebound Coordinator: _____
Date/Time

Plan: _____

SERVICES REVOKED _____ SERVICES RE-INSTATED _____
Date/Time Date/Time

Homebound Coordinator Signature _____ /___/___
Date

cc: Parent
Homebound Instructor

*Signed original remains at the school