

DETERMINATION OF INSTRUCTIONAL SERVICES

The following information must be completed by school personnel, in collaboration with the parent, upon receipt of a Medical Homebound Approval.

SECTION I - STUDENT INFORMATION (Please Print)

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

SECTION II – INSTRUCTIONAL SERVICES

A. Courses student is currently enrolled. Attach copy of PowerSchool schedule.	B. Courses being served during Homebound placement. *	C. Accommodations and/or modifications being made to the delivery of courses in Column B. *

*For students with disabilities, a copy of the IEP must be attached to fulfill requirements of Column B and C.

Section III – TYPE AND AMOUNT OF INSTRUCTIONAL SERVICES:

<input type="checkbox"/> The student requires the provision of Regular Education services: _____ # of hours / week
<input type="checkbox"/> The student requires the provision of Special Education services: _____ # of hours / week (Must attach IEP)**

****For students with disabilities, attach IEP to evidence the type and amount of special education and related services to be provided.**

Principal / Designee Signature

___/___/___
Date

Parent / Guardian Signature

___/___/___
Date

cc: Parent
Homebound Instructor

*****Signed original remains at the school**