

**HOMEBOUND SERVICES
REQUEST FORM**

To be completed by parent/guardian:

I am requesting homebound services for my child. I will provide medical documentation of this need and will assure that an adult will be present during all homebound visits.

Signature of Parent/Guardian _____ Date _____

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To be completed by school:

(Attach medical documentation to this form)

Student's Name _____ School _____
Student's Address _____
Grade _____
Student ID # _____

Student is in need of (check one - **required**) Regular education, Exceptional children's services.

Name of teacher providing homebound services (**required**) _____

(Note: Services for regular education students will be provided twice a week, 2 hrs per visit for a total of 4 hours per week. The homebound teacher must make contact with Student Services department before services begin. Teacher compensation is based on current hourly salary and travel is paid to and from student's home, either from school or home, whichever is closer).

Principal or Designee's Signature _____ Date _____

Once sections 1 & 2 are completed, send form w/attachment to the Central Office, Attn: Cassandra Evans
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Central Office Use Only:

- _____ Parent and School Section complete (signatures & documentation)
- _____ Medical documentation received
- _____ Student Services Department has made contact with Homebound Teacher

Homebound service request has been: Approved Denied

Signature _____ Date _____
