

School Recommendation for Homebound Instructional Services (Part III)

Additional questions about completing this form should be directed to the Homebound Program Teacher Specialist, Madelyn Swing, at 757-628-3950 ext. 21254 or mswing@nps.k12.va.us.

Student Name: _____ DOB: _____ Grade _____

Parent/guardian Name: _____ Email address: _____

Address: _____ apt#: _____ Zip _____

Work #: (____) _____ cell/home #: (____) _____ other#: _____

Attending School: _____ Student number _____

Submitted to school homebound liaison/designee: _____ Date: _____

School Statement: Please answer ALL Questions

The school team has reviewed the attached Form, Part I A (parental request) & Part I B (medical certification for need), for homebound instructional services and recommends the following: **(Please initial next each item and circle the appropriate response and/or N/A)**

1. _____ The student **should/should not** receive homebound instructional services as requested.
If **should not**- please explain why: (please attach an additional sheet if necessary)

2. _____ Homebound services **should not** be considered because the students' needs can possibly be met with a 504 Plan.

3. _____ Has this student ever been referred for **attendance/ truancy**? YES/NO **IF YES**, please list dates and outcomes of the case. _____

4. Attendance: # of days unexcused absences _____ # of days excused absences _____

Submission date of the **completed** application to the school: _____

Date of HB Liaison submission to the HB office: _____

School Recommendation for Homebound Instructional Services (Part III cont.)

Student Name: _____

Student Instructional Information: Please choose ONE:

- "On Line Learning"- Acellus Program (must have internet services and a computer)
- One to One teacher and student served, with an adult age 21 or older present
- Current 504 Plan is attached (check)
- Current IEP is attached (check) _____

** If a student with an IEP is found eligible for homebound services, if approved, you will be notified by the homebound office to schedule the IEP meeting. Once the meeting is scheduled, you will contact the homebound office via email with the date, time and location of the IEP meeting.*

Case Manager Name:	Case Manager Email:
Date of HB IEP Amendment (must completed before <u>approved</u> services can begin):	

Current Courses/Classes for which the student is currently enrolled:

Subject	GR	Teacher Name	Teacher email	Current grade	Assessment type			
					<input type="checkbox"/> SOL	<input type="checkbox"/> VAAP	<input type="checkbox"/> VMAST	<input type="checkbox"/> PALS
					<input type="checkbox"/> SOL	<input type="checkbox"/> VAAP	<input type="checkbox"/> VMAST	<input type="checkbox"/> PALS
					<input type="checkbox"/> SOL	<input type="checkbox"/> VAAP	<input type="checkbox"/> VMAST	<input type="checkbox"/> PALS
					<input type="checkbox"/> SOL	<input type="checkbox"/> VAAP	<input type="checkbox"/> VMAST	<input type="checkbox"/> PALS
					<input type="checkbox"/> SOL	<input type="checkbox"/> VAAP	<input type="checkbox"/> VMAST	<input type="checkbox"/> PALS
					<input type="checkbox"/> SOL	<input type="checkbox"/> VAAP	<input type="checkbox"/> VMAST	<input type="checkbox"/> PALS
					<input type="checkbox"/> SOL	<input type="checkbox"/> VAAP	<input type="checkbox"/> VMAST	<input type="checkbox"/> PALS
					<input type="checkbox"/> SOL	<input type="checkbox"/> VAAP	<input type="checkbox"/> VMAST	<input type="checkbox"/> PALS
					<input type="checkbox"/> SOL	<input type="checkbox"/> VAAP	<input type="checkbox"/> VMAST	<input type="checkbox"/> PALS
					<input type="checkbox"/> SOL	<input type="checkbox"/> VAAP	<input type="checkbox"/> VMAST	<input type="checkbox"/> PALS
					<input type="checkbox"/> SOL	<input type="checkbox"/> VAAP	<input type="checkbox"/> VMAST	<input type="checkbox"/> PALS

Homebound Liaison (print) _____

Homebound Liaison (signature) _____

Date: _____