

Homebound Instruction Application

Name	Grade	Date of B	Date of Birth	
Last First Middle				
School		Counselor		
Please check all that apply: 504 Plan	_ ESL services	Special Education services/IEP _	GT/AP courses	
Parents/Guardian	Phone	Address		
The signature confirms the parent/guardian h	nas received Cabo			
Homebound Instruction Information pa	-		Data	
Parent/Guardian Signature	Physician's Repo		Date	
This form must be completed by the student's	-		seling Cahot	
Public Schools, 602 North Lincoln, Cabot, AR			Jenny, Japot	
terena.woodruff@cabotschools.org This info			services.	
Physician's Name (printed)	Clinic Name			
Address	Dhono	Гоу		
Address	Priorie			
How long has this student been a patient?	Diaç	gnostic/Medical Label		
Briefly explain how this illness/injury prevents	school attendance	9		
Prognosis including length of homebound (spe	ocific date or length is	s required\		
			_	
Please rate symptoms Chronic Ad	cute Mild	Moderate	Severe	
Physician's Signature		Data		
Physician's Signature		Date		
	School Use O	nly		
Approved Denied Begin Date _		Projected End Date		
Date student returned to compus				
Date student returned to campus				
Comments				
Authorized by		Date		
Authorized by		Date		



• Students will follow requirements for semester tests.

Parent & Student Homebound Information

Student Nam	e Parent Name
	ered for homebound instruction A student must have an illness or injury that prevents school attendance. Homebound instruction is needed for less than one semester The condition must be documented by a medical doctor A completed and signed Homebound Instruction Application must be submitted to the Director of Counseling It is the parent's responsibility to obtain and submit the application Incomplete forms will not be approved Attendance policies continue to apply until the application is approved. It is the parent's responsibility to obtain a doctor's note for any absences not covered by the approved time for homebound services Submitting an application does NOT guarantee approval A specific length of time for services or date of return is required Students receiving special services should contact the Director of Special Education in order to be considered for homebound services
service Stude throug provice If a st The p of ser Service respo Attend has re a spe The s comp	dent can not attend school or participate in any school events while receiving homebound less. Into will receive instruction in the blended learning setting with the regular classroom teachers of Google Classroom or other designated online learning platforms. All students in the district are led a Chromebook. Indent does not have internet access, the parent should contact the Director of Counseling. In arent is responsible for notifying the student's counselor and/or the building principal if the length vices need to be shortened or extended. School staff will notify the Director of Counseling. It is may be lengthened or shortened with documentation from the student's doctor. The parent is insible for obtaining documentation. It is dance policies apply after the projected date for end of services unless the Director of Counseling exceived documentation from the student's doctor to extend services. Documentation must include crific length of time or return date. It is responsible for completing assignments in a timely manner. If a student can not lete assignments by the due date, the teacher should be notified immediately. In udent is unable to meet with the teacher during the scheduled time, the parent should contact the

Parent signature ______ Student signature _____