Albemarle County Public Schools
Department of Special Education/Student Services
401 McIntire Road, Room 323, Charlottesville, VA 22902-4596
Ph: (434) 296-5885 Fax: (434) 972-4157

REQUEST / CERTIFICATION FOR HOMEBOUND INSTRUCTION SPECIAL EDUCATION PLACEMENT or ADMINISTRATIVE REFERRAL

School Year: _____

SECTION I: DEMOGRAPHICS

Homebound Instruction has been requested for: _____

DOB: _____ Age: _____ Gender: _____

Student's Home School: _____ Grade/Placement: _____

Parent/Guardian Name: _____

Address: _____ Telephone #: _____

SECTION II: ADMINISTRATIVE JUSTIFICATION

Homebound services are required due to (choose one):

☐ IEP Placement – IEP documentation is attached

☐ Administrative Referral / Discipline – IEP and Discipline documentation is attached

_____ _____
Print Name of School Administrator / Designee *Phone Number*

_____ _____
Signature of School Administrator / Designee *Date*

SECTION III: SCHOOL DIVISION AUTHORIZATION

Albemarle County Schools:

☐ Authorizes and approves homebound services for homebound services as outlined in the IEP documentation.

☐ Denies the recommendation for homebound services.

Reason: _____

This decision was based upon the attached justification and documentation for the need for homebound services. The teacher to be employed to deliver these services will hold a certificate in full force issued in accordance with the rules and regulations of the Virginia State Board of Education.

_____ _____
Print Name of Division Superintendent or Designee *Phone Number*

_____ _____
Signature of Division Superintendent or Designee *Date*

This report should be returned to the Central Office prior to the onset of services.

Note: If the student receives special education, homebound instruction must be stipulated in the IEP.