

Home and Hospital Agreement Form

Student _____

School _____

Instructor _____

Coordinator _____

The School District will provide the following services:

- To provide 2 hours of Home and Hospital instruction per week.
- To provide all assignments from regular instructors in a timely manner.
- To arrange a schedule of meetings and locations with the family receiving services.
- To hold a review of Home and Hospital instruction on the following date:

The family receiving Home/Hospital instruction agrees to the following:

- To maintain perfect attendance with Home and Hospital instructor.
- To complete all assignments in the timeframe designed by the Home and Hospital instructor.
- To follow all of the Home and Hospital guidelines.
- To attend a review of Home and Hospital instruction on the following date:

Parent/Guardian _____

Date _____

Home/Hospital Committee _____

Date _____

Coordinator _____

Date _____