

**SOUTH CAROLINA DEPARTMENT OF EDUCATION  
OFFICE OF ORGANIZATIONAL DEVELOPMENT**

**REPORT OF Medical HOMEBOUND INSTRUCTION  
2022-2023**

Record instructional date and teaching hours in the appropriate space provided. The parent or legal guardian must initial each instructional session and sign the verification of instruction prior to submission to the appropriate district official. Wait only 15 minutes for no-shows.

**STUDENT INFORMATION:**

NAME: \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

DATE ENTERED ON HOMEBOUND: \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

DATE WORKED	BEGINNING TIME	ENDING TIME	PARENT/GUARDIAN INITIAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Month \_\_\_\_\_ No. of Instruction Hrs. \_\_\_\_\_ X \$50/hr = \_\_\_\_\_  
100-145-112-0000- \_\_\_\_\_  
(How many of these hours are reported on another form? \_\_\_\_\_)

Homebound Teacher's Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Signature of Principal where student is enrolled \_\_\_\_\_

**PLEASE DUPLICATE AS NEEDED**  
Must be received by fifth of each month to be included in payroll.