



HOMEBOUND REQUEST FORM  
(Completed by local school counselor)  
(scan & email completed form to: [james.talton@sccboe.org](mailto:james.talton@sccboe.org))

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

CHECK ONE:

- REGULAR EDUCATION
- 504
- SPECIAL EDUCATION  
EXCEPTIONALITY: \_\_\_\_\_

If Special Education Student, Special Education teacher should read shaded area and sign:

**SPECIAL EDUCATION CASE WORKER'S SIGNATURE**

Signature of Special Education Caseworker denotes:

- IEP meeting will be held to amend IEP to add Homebound information with dates/duration homebound services have been approved and the medical reason for HB with doctor's name requesting Homebound services
- Immediately notify the service providers for all "Related Services" on student's current IEP (PT, OT, Speech, etc.) via email with Homebound information and CC Special Education Coordinator. Related Services must be continued during Homebound unless the IEP Team (including the parent/guardian) decides otherwise.

HOMEBOUND REQUEST FORMS (Medical Form for Doctor and Parent Form)

Given to Parent On: \_\_\_\_\_ By: \_\_\_\_\_

LOCAL SCHOOL HOMEBOUND COORDINATOR SIGNATURE COMPLETING THIS FORM:

\_\_\_\_\_/DATE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOMEBOUND APPROVAL FORM: completed by District Homebound Coordinator

Parent form received via mail on: \_\_\_\_\_

Medical form from doctor received via mail on: \_\_\_\_\_

Homebound Approved on: \_\_\_\_\_

For: 2 days per week for 2 hours 4 days per week for 2 hours

School Homebound Teacher Approved by BOE: \_\_\_\_\_

Specify the number of weeks approved for Homebound Instruction: 1 2 3 4 5 6

Specify Services Duration Dates: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_/District Homebound Staff Date: \_\_\_\_\_

Date Approval Returned to Homebound Coordinator via email: \_\_\_\_\_