

HART COUNTY CHARTER SYSTEM HOSPITAL HOMEBOUND SERVICES EDUCATIONAL SERVICE PLAN



Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 Conference Date \_\_\_\_\_ Location \_\_\_\_\_ Conference Call  Y  N  
 Test Scores: Reading/E LA \_\_\_\_\_ Math \_\_\_\_\_  
 Copy of \_\_\_ most recent report card \_\_\_ MAP scores (K-8) \_\_\_ Additional classroom assessment information  
 Days Absent to Date: \_\_\_\_\_ (Medical) \_\_\_\_\_ (Excused) \_\_\_\_\_ (Unexcused)

**Current Educational Program:**

Subject	Below, On, Above Grade Level	Recent Grade Average	Text Materials & Adaptation/ Comments	Teacher

**Proposed Education Plan:**

Location: Home  Yes  No Hospital  Yes  No Other  Yes  No Specify: \_\_\_\_\_  
 HHB Instruction to begin \_\_\_\_\_ to end \_\_\_\_\_ HHB Teacher \_\_\_\_\_

Subject	Text/Materials (if different from above)	Direct Instruction	Online	Hrs per wk

**Medical considerations for instruction:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Accommodations:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If the parent/guardian is not at home at the time of the scheduled session the following adults (must be 21 years of age) designee is authorized to monitor the session \_\_\_\_\_

**Strategies to facilitate the student's reentry to school:**

\_\_\_\_\_  
 \_\_\_\_\_

ESP Team Members (  SST  IEP  Section 504  Other )

\_\_\_\_\_  
 Parent/Guardian

\_\_\_\_\_  
 Hospital Homebound Teacher

\_\_\_\_\_  
 HHB School Coordinator

\_\_\_\_\_  
 Instructional Team Member

\_\_\_\_\_  
 Instructional Team Member

\_\_\_\_\_  
 Instructional Team Member