



REAUTHORIZATION FOR EXTENSION OF HOMEBOUND SERVICES

Please send completed form to: Director of Student Support Services, P.O. Box 8958 Collinsville, VA 24078
Email: studentservices@henry.k12.va.us Fax: 276-634-4713 Phone: 276-634-4735

Since homebound instruction is not intended to supplant school services, if it is necessary to extend homebound instruction beyond the initial time frame or longer than nine calendar weeks, a transition plan is required outlining the following:

Name of Student: \_\_\_\_\_

Justification for the extension of homebound services: \_\_\_\_\_

Additional time homebound instruction is anticipated (up to 9 weeks): \_\_\_\_\_

Specific steps planned to return the student to classroom instruction: \_\_\_\_\_

Changes in amount and kind of activity for the student during extended homebound instruction: \_\_\_\_\_

Signature of Licensed Physician/Clinical Psychologist/Nurse Practitioner \_\_\_\_\_ Date \_\_\_\_\_

Printed Physician/Clinical Psychologist/Nurse Practitioner Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Director of Student Services \_\_\_\_\_ Date Received \_\_\_\_\_ [ ] Approved [ ] Denied