SOUTH CAROLINA DEPARTMENT OF EDUCATION
OFFICE OF ORGANIZATIONAL DEVELOPMENT

REPORT OF MEDICAL HOMEBOUND INSTRUCTION
2026-2027

Record instructional date and teaching hours in the appropriate space provided. Wait only 15 minutes for no-shows.

STUDENT INFORMATION:

NAME:_____ SEX_____ BIRTHDAY_____

DATE ENTERED ON HOMEBOUND INSTRUCTION:_____

SCHOOL ATTENDING_____ GRADE_____

DATE WORKED	BEGINNING TIME	ENDING TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Month_____ No. of Instruction Hrs._____ X $40/hr = _____
Code: 100-145-112-0000-____

Homebound Teacher's Printed Name_____

Homebound Teacher's Signature_____

Social Security Number _____on file_____

School Principal Signature_____

District Administrator Approval_____

PLEASE DUPLICATE AS NEEDED

Must be received by 1st of each month to be included in payroll.