Albemarle County Public Schools Homebound Documentation **School Year: 2026 - 2027**

ALL Fields are REQUIRED; complete this form FULLY prior to submitting for approval

HOMEBOUND **INSTRUCTOR**: _____ **Phone #**: _____

HOMEBOUND INSTRUCTOR's **EMPLOYEE ID #**: _____ VA Teaching **License #**: _____

Email: _____ Teaching License **Expiration**: ____/____/_____

STUDENT (FN, LN): _____ SCHOOL: _____ GRADE: _____

Subject: **Teacher of Record/Contact Information:**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

ADDITIONAL NOTES: _____

_____

HOMEBOUND INSTRUCTION SERVICES LOG

DAY OF WEEK	DATE OF TUTORING	START TIME	END TIME	TOTAL HOURS	IN PERSON or VIRTUAL?	COMMENTS
EXAMPLE:	*08/25/2026*	*4:15PM*	*6:30PM*	*2.25*	*Virtual*	*Tutor/Teach Assignments*
SATURDAY						
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						

If the appointment is cancelled on **the day of instruction, note the reason for the cancellation in the COMMENTS field.*

HOURS Tutored: _____ **# Weekly HOURS Approved: _____** RATE: **$ 45.00/HR** TOTAL AMOUNT: **$ _____**

***HOMEBOUND TEACHER:** Email this completed form (AS A PDF DOCUMENT) to your student's School Homebound Coordinator for approval, by 9:00AM EACH FRIDAY.*

HOMEBOUND TEACHER'S SIGNATURE: _____ DATE: _____

By way of my signature here, I certify the instruction hours reported on this Homebound Services Log were completed, and are true and accurate.

SCHOOL HOMEBOUND CONTACT APPROVAL: The data below is completed by the student's School Homebound Coordinator

SCHOOL CONTACT (Print): _____ School Contact Email: _____

SCHOOL CONTACT SIGNATURE: _____ APPROVAL DATE: _____

***DEADLINE: SCHOOL CONTACT** - **Email PDF version** of **Approved** Homebound Instruction Services Logs **by 1:00pm EACH FRIDAY** to rdeane@k12albemarle.org. **Approved Documents received after 1:00pm on Fridays will not meet the Payroll Deadline set by Human Resources and will result in delayed payments.**