

HOMEBOUND INSTRUCTION
FOR REGULAR EDUCATION ADMINISTRATIVE REFERRAL

School Year: _____

SECTION I: DEMOGRAPHICS

Homebound Instruction has been requested for: _____

DOB: _____ Age: _____ Gender: _____

Student's Home School: _____ Grade/Placement: _____

Parent/Guardian Name: _____

Address: _____

Telephone #: _____

SECTION II: ADMINISTRATIVE JUSTIFICATION AND AUTHORIZATION

Homebound services are being offered based upon administrative referral for disciplinary reasons. Discipline documentation is attached. This certification approves homebound services as outlined below. The teacher to be employed to deliver these services will hold a certificate in full force issued in accordance with the rules and regulations of the Virginia State Board of Education.

Albemarle County Schools authorizes and approves homebound services to be delivered between the dates of _____ and _____ for a total of _____ hours per week.

Print Name of Superintendent / Designee

Signature of Superintendent / Designee

Date

SECTION III: PARENTAL ACKNOWLEDGEMENT AND AGREEMENT

I, _____, parent/guardian, acknowledge this request and agree with the need and offer for homebound services. I will provide an environment conducive to learning, a responsible adult in the home, keep appointments, keep up with assignments, and advise school personnel of changes in my child's status.

Print Name of Parent / Guardian

Phone Number

Signature of Parent/Guardian

Date

***This certification should be returned to the Central Office,
Department of Special Education and Student Services prior to the onset of services.***

***Note: If the student receives special education,
homebound instruction must be stipulated in the IEP.***