

**1. Educational Services Plan for Students Receiving Hospital/Homebound Services**

School \_\_\_\_\_ Conference Date: \_\_\_\_\_ Conference Location: \_\_\_\_\_

Method of Conference: Face-to face: \_\_\_\_\_ telephone conference call: \_\_\_\_\_ virtual meeting: \_\_\_\_\_

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

Student Date of Birth: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
M \_\_\_\_\_ F \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Guardian: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
(W) \_\_\_\_\_ (C) \_\_\_\_\_

**1. Proposed Educational Plan - Attach a copy of the student's current schedule to this form.**

HHB: Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Location of HHB services: \_\_\_\_Home \_\_\_\_Hospital \_\_\_\_Other

Student is a \_\_\_\_\_ Regular Ed Student (no 504) \_\_\_\_\_ Regular Ed Student (with a 504) \_\_\_\_\_ SPED Student

Homebound Teacher: \_\_\_\_\_ Number of Hours/ Week: (maximum of 3): \_\_\_\_\_

\_\_\_\_\_ IEP Updated Date \_\_\_\_\_ 504 Updated Date \_\_\_\_\_ (attach any accommodations)

\_\_\_\_\_ Intermittent Homebound procedures reviewed \_\_\_\_\_ Full time procedures reviewed

**2. Medical considerations for instruction:**

\_\_\_\_\_

**Other accommodations:** \_\_\_\_\_

If the parent/guardian is not at home at the time of the scheduled instructional session, the following adult designee is authorized to monitor the session. I certify that this person is 21 years of age.

**Adult Parent Designee:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone (C):** \_\_\_\_\_

**3. Plan for Re-Entry - Anticipated **date of return to school:** \_\_\_\_\_**

Strategies to facilitate student's re-entry to school: \_\_\_\_\_

\_\_\_\_\_

**Conference Participants**

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
HHB School Contact Printed Name

\_\_\_\_\_  
HHB School Contact Signature

\_\_\_\_\_  
HHB Teacher Printed Name

\_\_\_\_\_  
HHB Teacher Signature

\_\_\_\_\_  
Classroom Teacher Printed Name

\_\_\_\_\_  
Classroom Teacher Signature