

# Lackland ISD – Homebound Certification Form

## General Education Homebound (GEH) Program Instructions:

During the period of confinement, a student receiving GEH services must receive instruction in all *core academic subject area courses*. Any student who is served through the GEH program must meet the following three criteria: The student is expected to be confined at home or hospital bedside for a minimum of 4 weeks. The weeks **need not** be consecutive. The student is confined at home or hospital bedside for medical reasons only.

Student Name: \_\_\_\_\_ Id # \_\_\_\_\_

Grade Level: \_\_\_\_\_ Homeroom/Advisory Teacher: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

Reason for Homebound: \_\_\_\_\_

Week Start Date (Sunday): \_\_\_\_\_ Week End Date (Saturday): \_\_\_\_\_

Day of Week	Date of Service	Start Time	End Time	Number of Hours	Homebound Teacher Signature*
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total for Week					

I certify that the student received instruction in all core academic subject area courses.

## Attendance/Registrar Use Only

Instructions: Post attendance based on the eligible days present earned per week. Circle the total number of hours and post the absence(s) as appropriate. File this form for audit purposes.

Total Hrs:	1	1 Day Present	Student is absent all other school days in the week
	2	2 days Present	Student is absent all other school days in the week
	3	3 days Present	Student is absent all other school days in the week
	4+	4 or 5 days Present	In a 4-day week, the student is not absent any days
			In a 5-day week, the student is not absent any days

Attendance/Registrar: \_\_\_\_\_ Date Posted: \_\_\_\_\_

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## Special Education Homebound Program Instructions:

To be placed in the special education homebound instructional arrangement/setting, a student aged 6 years or older must meet the following four criteria: The student is eligible for special education and related services as determined by an ARD committee. The student is expected to be confined at home or hospital bedside for a minimum of 4 weeks (the weeks need not be consecutive). The student is confined at home or hospital bedside for medical reasons only. A student's IFSP or ARD committee determines the amount of services to be provided to the student in this instructional arrangement/setting.

Student Name: \_\_\_\_\_ Id # \_\_\_\_\_

Grade Level: \_\_\_\_\_ Homeroom/Advisory Teacher: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

Reason for Homebound: \_\_\_\_\_

Week Start Date (Sunday): \_\_\_\_\_ Week End Date (Saturday): \_\_\_\_\_

Day of Week	Date of Service	Start Time	End Time	Number of Hours	Homebound Teacher Signature*
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total for Week					

**\*I certify that the student received instruction in accordance with his/her ARD or IFSP.**

## Attendance/Registrar Use Only

Instructions: Post attendance based on the eligible days present earned per week. Circle the total number of hours and post the absence(s) as appropriate. File this form for audit purposes.

Total Hrs:	1	1 Day Present	Student is absent all other school days in the week
	2	2 days Present	Student is absent all other school days in the week
	3	3 days Present	Student is absent all other school days in the week
	4+	4 or 5 days Present	In a 4-day week, the student is not absent any days
			In a 5-day week, the student is not absent any days

Attendance/Registrar: \_\_\_\_\_ Date Posted: \_\_\_\_\_