Waubun-Ogema-White Earth

District #435

Homebound/Homebased Instructor Procedure

**Homebound:**

* As student who is unable to attend school due to illness (physical or mental) or injury
* Written verification from a medical professional stating that the student cannot attend school and may receive homebound services.
* One hour of one-to-one homebound instruction must be provided for each membership say claimed through homebound instruction. One hour of instructions equals one day of membership.

**Homebased:**

* Students hospitalized or placed for residential care and treatment.
* Students who are parents and their child is sick and have to stay home with the child.
* Out of School Suspension: suspended more than 5 days. (The district need not wait five days to start providing services)
* Expelled Students
* IEP Placement: students with an IEP placed in the home by the IEP team.
* These students are considered Part time: Each hour of instruction generates one hour of membership

\***The principal must approve all homebound and homebased plans before they go into effect**

Student requesting services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is student on an: IEP 504

Requesting : Homebound (illness of injury)\*\*\*Written verification from a medical professional must be attached.

Homebased: \_\_\_\_\_ Hospitalized of placed for care

\_\_\_\_\_ Sick Child

\_\_\_\_\_ Out of School Suspension

\_\_\_\_\_ Expelled

\_\_\_\_\_ IEP Placement (IEP must be amended to indicate Homebased services)

\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start date of requested services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Education Plan | | | |
| **Teacher** | **Subject** | **Content to be completed (Ex: units or chapters)** | **Home Instructor** |
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Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Home Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Comments, Concerns, or Special Instruction:

***\*A copy of this plan, if approved, must be provided to: Building principal, building counselor, district payroll coordinator, district MARSS coordinator, student/parent, and each teacher listed within the plan.***