

HOMEBOUND REQUEST BY PARENT

BENTON COUNTY SCHOOL DISTRICT
P.O. Box 247; Ashland, MS 38603; 662-224-6252
Lanice Gaillard, Director of Special Education

IDENTIFYING INFORMATION

Name:	Grade:	<input type="checkbox"/> AES <input type="checkbox"/> AMS <input type="checkbox"/> AHS <input type="checkbox"/> HFAC <input type="checkbox"/> Headstart
Sex: <input type="checkbox"/> Male or <input type="checkbox"/> Female	DOB: Age:	Sped Teacher:
Parent's Name(s):	Parent's Phone(s):	Address:

DIRECTIONS & CRITERIA

- The parent or guardian is to complete and sign the request for homebound instructional services at the beginning of each school year.
- The form is to be signed by the homebound teacher and the Director of Special Education.
- A letter from the student's doctor must accompany this form stating that the student is in need of homebound services due to a serious medical condition.
- The IEP Committee must agree to Homebound Services.

PARENT REQUEST FOR HOMEBOUND SERVICES

I request homebound services for my child, _____.
I understand that there must be a medical reason for this service and that a letter from my child's medical doctor must accompany this request stating the need for homebound services due to a serious medical condition.

Parent/Guardian Signature

Date of Request

Homebound Teacher Signature

Date

Director of Special Education Signature

Date

***A physician's recommendation for OT and/or PT must accompany this form.