Alexandria City Public Schools
1340 Braddock Place
Alexandria, Virginia   22314

REQUEST FOR INSTRUCTIONAL SERVICES

☐ **HOMEBOUND** (Medical)   **OR**   ☐ **HOME-BASED** (Behavioral)

Homebound instruction means academic instruction provided to students who are confined at home or in a health care facility for periods that would prevent normal school attendance based upon certification of need by a licensed physician or licensed clinical psychologist. For a student with a disability, the IEP must determine the services and hours.	Home-based instruction means services that are delivered in the home setting (or other agreed upon setting) in accordance with the child's individualized education program.

(To be completed by School Counselor)

Name of Student:	DOB:	Sex:	Grade:

Parent/Guardian Name:	**Address:**	**Zip:**

Telephone (include area code): (H)	(W)	(C)

Name of School:	**Telephone:**

Reason for Request:	Disability (if any):	Related Service (if any):

Name of Physician (if absence is due to medical reason)**:**	**Telephone:**

(Please Print)

Completed By:	Signature:	Telephone:

CORE AREAS

Subject (s)	Grade Level	Instructional Level (s)	Classroom Teacher(s)	Recent Grade (s)

ATTACH COPIES:
1) **IEP** that justifies the requirement for instructional services.
2) Physician information for Homebound Instruction.

School Administrator's Signature:	Date:

(To be completed by Pupil Services)

Homebound instruction is   ☐ **Approved**   ☐ **Denied**
Home-based instruction is   ☐ **Approved**   ☐ **Denied**

The classroom teacher(s), in collaboration with homebound or home-based instructors, will develop an out of school educational plan (EP). This plan will include learning objectives for a student on homebound or home-based instruction with a transition plan to make re-entry as smooth as possible.

Director of Pupil Services	**Director of Student Services**
Date: _____	**Date:** _____

HOMEBOUND/HOME-BASED INSTRUCTOR ASSIGNMENT

Teacher Assigned:	Start Date:	Termination Date:

Revised: 10/12/2016