

## HOMEBASED

District:	School Year:
Building/Program:	Count: <input type="checkbox"/> Fall <input type="checkbox"/> Spring

**INSTRUCTIONS:** Complete for all students that are homebased and have been expelled under *District policy (pro-rated FTE)*.

Name (Last, First)	Grade	Date of Expulsion/ Suspension	Date Service Began	2 documented non-consecutive hours of instruction/week? (Y/N)	FTE (pro-rated)
TOTAL FTE					

**INSTRUCTIONS:** Complete for all students that are homebased and have been expelled under *mandatory expulsion laws (full FTE)*.

Name (Last, First)	Grade	Date of Expulsion/ Suspension	Date Service Began	2 documented, non-consecutive, 1-hour periods of instruction/week ? (Y/N)	Instruction provided in a one-on-one setting? (Y/N)	FTE (full)
TOTAL FTE						