

HOMEBOUND and HOSPITALIZED

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

INSTRUCTIONS: Complete for all students that are homebound/hospitalized.

Name (Last, First)	Grade	Date Service Began	Written physician certification on file? (Y/N)	Attendance records maintained by homebound/hospitalized teacher? (Y/N)	2 <i>documented</i> 45-minute periods of instruction/ week (if Gen Ed) OR 2 <i>documented</i> 1-hour, non-consecutive periods of instruction/week (if Spec Ed)? (Y/N)	Assigned to teacher-of-record who recorded absence on Count Day? (Y/N)	FTE
TOTAL FTE							