

**Tolleson Union High School District #214
APPLICATION FOR HOMEBOUND INSTRUCTION**

"Other Health Impairment" means limited strength, vitality or alertness due to chronic acute health problems which adversely affect a pupil's educational performance. **"Homebound"** or **"Hospitalized"** means a student who is capable of profiting from academic instruction but is unable to attend school due to illness, disease, accident or other health conditions, who has been examined by a competent medical doctor as being unable to attend regular classes for a period of not less than three school months or a pupil who is capable of profiting from academic instruction but is unable to attend school regularly due to chronic or acute health problems, who has been examined by a competent medical doctor who is certified by that doctor as being unable to attend regular classes for intermittent periods of time totaling three school months during a school year.

Date _____ Last Day Attended _____ School _____ ID # _____

Name _____ Birth date _____ Grade _____ Counselor _____

Address _____ City _____ Zip _____

Parent/Guardian _____ Phone _____ Father _____
Mother _____

Health Condition _____ Primary Home Language _____

Doctor _____ Doctor's Signature _____ Phone _____

Students who are receiving Homebound/Hospitalized instruction receive four hours of instruction per week and are limited to four subjects, except as follows:

- High ability students with strong academic records and physical conditions permitting more than four classes;
- Students who entered homebound during the last nine-week period of the semester, passing all subjects at the time of placement;
- Seniors whose graduation would be postponed by a mandatory drop to four subjects;
- Terminally or chronically ill students, as individual needs may require.

I understand the provisions and conditions regarding participation in the Homebound/Hospitalized program and grant approval for my son/daughter to participate.

Parent/Guardian Signature

Does student require AIMS Testing? _____ Math _____ Reading _____ Writing- _____ Please check where needed

Current Class Schedule _____ Withdrawal Grade _____ Classes to be taken on Homebound _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please attach a copy of student's current schedule showing assigned teachers

Is the student currently receiving Special Education services? Yes _____ No _____ if yes, local school arranges for the student's current evaluation and IEP to be sent to the Homebound Office.

Signature: Approved by Assistant Principal of Student Services

To be completed by Homebound Office		
Date Assigned _____	Homebound Teacher _____	Date Terminated _____
Signature Wendy Barrie, Director _____		Date _____
Copies: *District Administrator for Special Services * Counselor * Homebound Teacher		