REPORT OF HOMEBOUND INSTRUCTION

**2020-2021**

Record instructional date and teaching hours in the appropriate space provided. The parent or legal guardian must initial each instructional session and sign the verification of instruction prior to submission to the appropriate district official.

**Student Information:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_**

**Date entered Homebound: \_\_\_\_\_\_\_\_\_\_ Date removed from Homebound:\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **DATE WORKED** | **INSTRUCTIONAL PERIODS @ 60 MINUTES****Time In: Time Out: Total Min:** | **Parent / Guardian Initial** |
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**Total Instruction Periods \_\_\_\_\_\_\_\_\_\_\_ X $30.00 per 60 minute period = $\_\_\_\_\_\_\_\_\_\_\_**

**Homebound Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last 4 digits of Social Security Number: XXX-XX-\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*I am aware that pre-approval is required for any instruction time over the sixty-minute time period by Mr. Rodney Goode, Asst. Supt., Pupil and Personnel Services.

# Homebound Teacher’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instruction Verification

**Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Parent/Guardian)**

##

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Principal/Designee)**

 **Forward to STACY MANN, at the DO for payment processing**