JEFFERSON COUNTY SCHOOLS

30 DAY HOMEBOUND PLACEMENT REVIEW

Student Name: 

Date of Review: 

School: 

1. Has a certified medical professional completed the appropriate form for homebound services and is the form attached to the student’s IEP? _____ Yes _____ No

2. According to the IEP team does the student continue to warrant homebound services? _____ Yes _____ No

3. What is the date of return to school listed by the certified medical professional?

4. How did the parent participate in this review? (example: attended review session, by phone, by letter, by email, by conference call, etc.) 

The following individuals reviewed the student’s homebound placement and have agreed to continue placement as outlined in the IEP.

LEA Representative

Parent

Special Education Teacher

Regular Education Teacher

Other

Other

(10/08)