

**INSTRUCTIONAL TIME SHEET  
FOR HOSPITAL/HOMEBOUND SERVICES  
Murray County Schools**

Month/Year \_\_\_\_\_ School \_\_\_\_\_  
 H/H Teacher \_\_\_\_\_ Grade \_\_\_\_\_  
 Student's Full Name \_\_\_\_\_

Does the student have an IEP? \_\_\_\_\_  
 Does the IEP state the student will receive more than 3 hours instruction per week? \_\_\_\_\_  
 If so, how many additional hours per week? \_\_\_\_\_

Date	Signature of Adult Present During H/H Instruction	Adult's Relationship to Student	Beginning Time of Instruction	Ending Time of Instruction	Hours Served (3 per week)
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Week # \_\_\_\_\_


Week # \_\_\_\_\_


Week # \_\_\_\_\_


Week # \_\_\_\_\_


The information listed above is accurate, completed in full, and the total hours are calculated correctly.

Total Hours: \_\_\_\_\_

\_\_\_\_\_  
Signature of Teacher                      Date

\_\_\_\_\_  
Signature of Principal/Designee                      Date

For Central Office use only
Total hours service this month: _____
Rate of pay per hour: _____
Amount submitted to payroll: _____
Initials of Director of Pupil Services: _____