

St. Clair County Board of Education

410 Roy Drive
Ashville, AL 35953

205-594-7131 Phone 205-594-4441 Fax

HOMEBOUND REQUEST FORM

(Completed by local school counselor)

(scan & email completed form to: wendy.phillips@sccboe.org)

STUDENT:	DOB:	SCHOOL:	GRADE	
CHECK ONE:				
☐ REGULAR EDUCATION				
☐ 504				
SPECIAL EDUCATION EXCEPTIONALITY:				
If Special Education Student, Special Ed	lucation teacher shou	uld read shaded area and sig	vn:	
SPECIAL EDUCATION CASE WORKER'S S		_		
Signature of Special Education Casewo	rker denotes:			
✓ IEP meeting will be	held to amend IEP to a	dd Homebound information w	ith dates/duration homebound	services have
		HB with doctor's name reques	•	
			dent's current IEP (PT, OT, Spee or. Related Services must be co	
		g the parent/guardian) decides		Terraca darring
HOMEBOUND REQUEST FORMS (Medic	cal Form for Doctor a	nd Parent Form)		
Given to Parent On:		Ву:		_
LOCAL SCHOOL HOMEBOUND COORDII	NATOR SIGNATURE C	OMPLETING THIS FORM:		
		DATE:		_
PARENT NAME:		PHONE:		_
HOMEBOUND	APPROVAL FORM: c	ompleted by <u>District Homeb</u>	oound Coordinator	
Parent form received via mail of	on:			
☐ Medical form from doctor rece	ived via mail on:			
Homebound Approved on: For: 2 days per week for 2				
For: 2 days per week for 2	hours	4 days per week fo	or 2 hours	
School Homebound Teacher Appro Specify the number of weeks appro	ved by BOE:			□ 6
Specify the number of weeks appro				_
Date Approval Returned to Homebo		_		

St. Clair County Schools

preparing tomorrow's leaders today