

## Request for Homebound Services

### I. List reason(s) for Homebound Request:

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### II. Student Information

To be completed by parent/legal custodian or student (19 years old).

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's/Legal Custodian's Name: \_\_\_\_\_

Home # \_\_\_\_\_ Wk # \_\_\_\_\_ Cell# \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### III. School Information

To be completed by parent/legal custodian or student (19 years old) in collaboration with the school.

**Directions: Please check appropriate response below.**

A. Is the student currently receiving Section 504 services?

\_\_\_\_\_ Yes: Homebound request will be submitted to local school Section 504 team.

\_\_\_\_\_ No: Homebound request will be submitted to local school Section 504 team.

B. Is the student currently receiving Exceptional Education services?

\_\_\_\_\_ Yes: Homebound request will be submitted to the IEP team.

\_\_\_\_\_ No: Homebound request will be submitted to the local school 504 team.

Signature of parent/legal custodian or student (19 years old): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of principal or principal's designee: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*Local School Use Only\*\*\*\*\*

#### Section 504 Team

Request for Homebound was given to the local school Section 504 team on \_\_\_\_\_ (date).

Signature of Receipt: \_\_\_\_\_.

Section 504 Designee

#### IEP Team

Request for Homebound services was given to the local school IEP team on \_\_\_\_\_ (date).

Signature of Receipt: \_\_\_\_\_.

Exceptional Education Teacher