



ODLSS

Office of **DIVERSE LEARNER**
SUPPORTS + SERVICES



Eligibility Letter

rev 6-2021

Dear Parent,

Your child _____, a student at
Name of Student
_____, school,
Name of School
is eligible to receive education services at home or in the hospital setting.

Home and Hospital Instruction Information

Teacher's Name		
Eligibility Period	Start Date:	End Date:

I _____ (parent's printed name)

I _____ (parent's signature)

Acknowledge and accept **Acknowledge and do not accept** the instructional services.

Requesting in-person instructional services *or* **Requesting virtual instructional services**

My signature indicates acceptance of these instructional services. In addition, I agree to maintain the following conditions:

- Presence of my child for scheduled sessions
- Presence of an adult age 21 or older in the home during the homebound sessions
- Minimization of distractions such as the interruption of other children, television, or radio
- Notify the school and/or homebound teacher if instructional time must be cancelled
- Termination of homebound teaching after three (3) unexcused absences
- Monitoring completion of homework as well as other assignments
- Sign the teacher's time sheets at the end of every instructional session (Do not sign for the entire week at one time.)
- Notify my child's homebound teacher or School Homebound Coordinator if my child is too ill to receive instruction
- Participate in the education planning conference at my child's school
- Assist with my child's transition back to the classroom

Parent's Signature _____ Date _____

If you request consideration to extend the instruction beyond the stated termination date, then please obtain a new referral and have it completed by your child's treating physician or psychiatrist. Please contact the School Homebound Coordinator or Nurse at your child's school who will provide the form and assist you in facilitating the homebound eligibility process.

Sincerely,

Tora Evans
Manager
Home and Hospital Instruction Program

