**LASALLE/PUTNAM COUNTY EDUCATIONAL ALLIANCE FOR SPECIAL EDUCATION**
**1009 Boyce Memorial Drive Ottawa, IL 61350**

# HOMEBOUND/HOSPITAL INSTRUCTION EVALUATION AND SERVICES I.E.P.

Student _____Birth date_____Conference Date_____

School _____Resident District_____Grade_____Current Teacher_____
or Teachers

**1. INITIAL REFERRAL:**
Request Received for Homebound or Hospital Instruction - _____
(Date)

**2. MEDICAL REPORT: (See page 4 of this packet):**
Physician's statement received: _____ Physician's estimated length of service: _____ to_____
(Date) (Dates)

**ATTACH THE DOCTOR'S REPORT (page 4) TO THIS FORM.**

**3. REVIEW OF CURRENT EDUCATIONAL STATUS AND ACADEMIC NEEDS:**

A. Summary of the Educational Components of this Student's Academic History in Regard to this Student's Educational or Academic Status and Academic Needs:

B. List the student's courses which require homebound or hospital instruction and/or related services and indicate the current passing/failing status:

_____ _____

_____ _____

_____ _____

C. Strengths in the above areas (Use additional pages if necessary.)

D. Weaknesses - List areas where home or hospital instruction is necessary. (Use additional pages if necessary.)

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**4. ELIGIBILITY DETERMINATION:**

A.___Eligible for homebound or hospital services under the eligibility of

1. _____ Other Health Impairment
2. _____ Emotional Disturbance
3. _____ Orthopedic Impairment
4. _____ Other (Please indicate.)

**OR**

B.___Not eligible under any handicapping category (If not eligible, briefly explain below.)

**5. SERVICES -** If eligibility is determined (A above), complete the following:

Description of Services:

This service is to begin on the date indicated below and terminate at the earliest date that the student is, by medical opinion, able to resume regular attendance at school.

Beginning date - _____ Est. ending date - _____ Hours per week -_____

**6. GOALS AND OBJECTIVES FOR HOMEBOUND OR HOSPITAL INSTRUCTION:**

Please use the attached form for annual goals and benchmarks/short term objectives. Use as many of these forms as are needed. (Sample goal: Student shall maintain academic skills to enable him/her to maintain passing status and return to school with minimal difficulty. Sample objective: Student shall complete academic assignments in mathematics at a satisfactory level.)

**PARENTAL / LEGAL GUARDIAN RIGHTS:**

_____ Parents attended the IEP meeting, and "Parent's Rights" were discussed and offered.
_____ Parents received the district initial/annual behavioral intervention policy notice.
_____ Parents agree to waive the requirement of a ten (10) calendar-day interval before implementing this IEP.

PARENT SIGNATURE_____DATE_____
**********

The following required district personnel have developed this I.E.P.:

| | | | |
|---|---|---|---|
| 1. | Title | 4. | Title |
| 2. | Title | 5. | Title |
| 3. | Title | 6. | Title |

*Please return this form to the L.E.A.S.E. office **only** if the student is currently being serviced under some special education program or service. Otherwise, keep this form in the student's temporary record in your district.*