

Homebound Instruction

Parent Information and Permission for Home/Hospital Instruction

Dear Parent,

_____, student at _____, has met the requirements for the Home Instruction program. There are several ways in which you can assist us in continuing the education of your child.

1. There must be a responsible adult present in the home at all times during the teacher's visit. This must be observed at all times.
2. The teacher will visit _____ times per week, _____ hour(s) per visit, for a total of _____ hour(s) per week. It is important that the student be available at the assigned time when scheduled.
3. Parents/guardians are necessary for the success of your child's instruction. This program is designed to help keep the student on track, but cannot be a substitute for a full week of regular instruction. Therefore, parents/guardians must take an active role in working with the student to advance in their course work.
4. Notification to the teacher should be made in advance if the student is unable to have a lesson. Three unexcused absences may be turned over to the appropriate authorities as truant behavior. Please notify the teacher the day before or by 8:00 a.m. at 970-_____.
5. Please provide a suitable work-study area with appropriate lighting where the student and teacher can work without interruption (radio, TV, etc. turned off). The area should be free from household traffic.
6. No eating or smoking is permitted during the visit.
7. Other children, visitors, or pets should be kept out of the room so that the teacher will have the student's full concentration.
8. Please check with your child regarding the completion of his/her required daily assignments in order to be ready for instruction at the next designated time.
9. Arrange for the student to have sufficient rest and to be ready for work when the teacher arrives at the home.
10. Please notify the home instructor as soon as the medical doctor gives permission for the student to return to school. The homebound instruction will be discontinued at the time specified on the enrollment form by the doctor. If there is a need for continued instruction, a new form will be required.

We believe that with cooperation among the parents/guardians, the student, and the teacher we will be able to provide a good home instruction program for your child.

I/we, as parent(s) or guardian(s), agree to fulfill the above requests.

Parent(s)/Guardian(s) Signature

Date