

SCHOOL DISTRICT

200 SOUTH PROVIDENCE ROAD, WALLINGFORD, PA 19086-6334 Student Services Office

(610) 892-3470 x 1509

FAX (610) 892-3498

EDUCATIONAL PLAN FOR STUDENTS RECEIVING HOMEBOUND INSTRUCTION

Conference Date:	Student	:						
DOB:	Guidance Counselor:	Phone #:						
Address:								
Parent/Guardian:	Daytime Phone #:							
School:	Grade: _							
	No							
(For use only if stude		Reading: Math:						
	Review of Spe	ecially Designed Yes No						
CURRENT EDUCATIONAL PROGRAM								
Subject	Last Reported Grade	Text/Materials	Teacher					
ADDITIONAL INFORMATION:								

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PROPOSED EDUCATIONAL PROGRAM

Subject	Text/Materials	s Required	Special Instructions	Approximate Hours per Week
ADDITIONAL INFO	RMATION:			
PARTICIPANTS' SIGNA	ATURES:			
Guidance Counselor			Homebound Instructor	Date
Director of Student S	ervices D	Date		

One (1) copy to Parent/Guardian

One (1) copy to be kept in the homebound student's file in Student Services

One (1) copy to the Homebound teacher