Manchester Public Schools

Pupil Personnel Services Department

Homebound Instruction Request Form

(To be completed by referring individual or school)

Student Name: _____ DOB: _____ Grade: _____

School: _____ Student Status: ☐ Reg. Ed. ☐ 504 ☐ Special Ed.

School Contact: _____ Phone: _____ Date of Request: _____

Contact Information

Parent/Guardian Name: _____ Phone: _____

Address: _____ Alt. Phone: _____

Tutoring Information

Amount of Instruction per week: _____ Tutoring to begin: _____ End: _____

Reason for tutoring request: ☐ Per 504 ☐ Per PPT ☐ Expulsion ☐ Medical ☐ Other

☐ Verified medical reason is attached

Description of tutoring needs (subject(s), strategies, recommendations, etc.):

*School must attach all supporting documentation with this request.
(504 plan, medical verification, IEPs, any document that will help justify the need for tutoring, etc.)

For Assistant Superintendent for Pupil Personnel Services Only:

To: _____

☐ Special services have been authorized for the above student.

☐ Special services have been authorized for the above student; however the lengths of time and amount of time have not been approved. (See below).

☐ Special services have not been approved for the above student.

☐ Other: _____

Notes:

A PPT must be convened on any student identified for special education or related services placed on home bound instruction. The number of hours of instruction assigned to a student via the PPT must be strictly adhered. *No reduction of tutorial time should occur without approval of the building administrator in charge of the student's program.*

_____ _____

Shelly Matfess, Assistant Superintendent for Pupil Personnel Services Date

PPT/36a
Revised 1/14