



Please return form to:
Jordan Public Schools
Attn: Chad Williams
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Jordan, MN 55352

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**HOMEBOUND INSTRUCTION PROGRAM
Student Referral Information**

This form must be completed and sent in with the medical referral to assist the homebound tutor plan for the homebound instructional program.

Student Name: _____ School: _____
Birth Date: _____ Grade: _____ Teacher Name (Elem): _____
Parent/Guardian Name: _____ Date: _____
Address: _____ City: _____ Zip: _____
Phone (home): _____ Phone (work): _____

Health Care Provider: Homebound Instruction **can only be provided** when a medical authority provides written verification of the students' **confinement** to the students home and is unable to participate and restricted to any other activity outside the home. (If the student can attend part-time please specify amount of time.) Please respond to all of the applicable questions that follow:

1. Does this student have a current IEP? Yes _____ No _____
2. Attach a current class schedule (Middle and High School Students).
3. Identify one central contact from whom the homebound tutor can obtain books, course outlines, assignments, etc. Teachers must be informed about where materials are to be left for the tutor.

_____ Social Worker	Name _____	Phone _____
_____ Counselor	Name _____	Phone _____
_____ Teacher	Name _____	Phone _____
_____ Other	Name _____	Phone _____

4. Include any special instructions for this student's instructional program, special consideration, or concerns.

