

HOMEBOUND/VISITING TEACHER SERVICES EDUCATIONAL PLAN

Meeting Date:
Plan Start Date (Projected):

Student Name:	Address:	Location of Service:
Parent/Guardian Name:	Phone:	Days/Times:

Reason for Visiting Teacher/Homebound Request (attach physician's statement PI-2217)

Course	Goals	Results	

Signature	Date
Student	
Parent/Guardian	
Case-Manager	
Counselor	
Administrator	