

Morgan County Schools

30 Day Homebound Placement Review

Student Name _____

Date of Review _____

School _____

1. Has a certified medical professional completed the appropriate form for homebound services and is the form attached to the student's IEP?

YES _____ NO _____

2. According to the IEP team does the student continue to warrant homebound services?

YES _____ NO _____

3. What is the date of return to school listed by the certified medical professional?

4. How did the parent participate in this review? (example: attended review session, by phone, by letter, by e-mail, by conference call)

The following individuals reviewed the student's homebound placement and have agreed to continue placement as outlined in the IEP.

LEA Representative _____

Parent _____

Special Education Teacher _____

Regular Education Teacher _____

Other _____

Other _____