*Mecklenburg County Public Schools*

OFFICE USE ONLY

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RECD \_\_\_\_\_\_\_\_\_\_\_

Department of Exceptional Programs

Post Office Box 190 – 175 Mayfield Drive – Boydton, Virginia 23917

Phone – 434.738.6111 434.447.7631 Fax – 434.738.0691

**HOMEBASED INSTRUCTION**

Homebased instruction is provided for students based on recommendations from the Mecklenburg County Public Schools (MCPS) Discipline Committee and/or the Individualized Education Plan (IEP) or Section 504 Committees. **During homebased instruction, a student is NOT allowed to attend school at any time or participate in any on-site activities or extra-curricular activities (such as field trips) unless specific approval is granted or it is IEP/504 driven.** Students may receive instruction in the home or any other approved facility as agreed upon by the school division and parent or student who has reached the age of majority (eligible student, age 18 years and over). ***Please note: This form must be fully completed in order for the student to be considered for homebased services. If you have questions about completing this form, please contact: Mary Hodges, Director of Exceptional Programs, or Jeannie Garner, Secretary, at 434.738.6111 or 434.447.7631.***

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| --- | --- | --- | --- | --- | --- | --- |
| **To be completed bY SCHOOL PERSONNEL** | | | | | | |
| Name of Student: |  | | | DOB: | |  |
| Name of School: |  | | | Grade: | |  |
| Reason that necessitates placement: | |  | | | | |
|  | | | | | | |
| Projected date to begin homebased: | | | | | | |
| Date to return to school: | | | | | | |
| Date of Disciplinary Committee decision (if applicable): | | | | | | |
|  | | | | | | |
| Signature of Principal / Designee | | |  | | Date | |

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| **To be completed by the parent/guardian or eligible student** | | | | | | | | | | | | | |
| Name of Student: | | |  | | | | | | | | | | |
| Name of Parent/Guardian or Eligible Student: | | |  | | | | | | | | | | |
| Home Phone: |  | | | | Work Phone: | | | |  | | | | |
| Cell Phone: |  | | | | Emergency Phone: | | | |  | | | | |
| Street Address: |  | | | | | | | | | | | | |
| City: |  | | | | State: | |  | | | Zip Code: | |  | |
| Mailing Address (if different from street): | |  | | | | City/State: | |  | | | Zip: | |  |
| **Parental Acknowledgement/Release:** I will provide an environment conducive to learning, ensure that a responsible adult is in the home (or other approved facility) for the duration of instruction, or provide transportation to another agreed upon facility. I will keep appointments with the homebased teacher or contact the teacher if an appointment must be missed. **While receiving homebased instruction, I understand that my child must abide by Mecklenburg County Public Schools’ *Code of Conduct* and *Truancy Policy*.** | | | | | | | | | | | | | |
|  | | | |  | | | | | |  | | | |
| **Signature of Parent/Guardian or Eligible Student** | | | |  | | | | | | Date | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY**  I hereby approve homebased instruction for the above named student through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and further certify that the teacher to be employed will hold a current Virginia teacher’s license. | | | | | |  |
|  | | | |  |  |  |
| **Mary Hodges, Director of Exceptional Programs** | | | |  | **Date** |  |
| *Date of IEP or 504 plan (if applicable):* | |  | | | |  |
|  |  | |  | |  |  |