

Mecklenburg County Public Schools

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

OFFICE USE ONLY
_____ -1920
RECD _____

HOMEBASED INSTRUCTION

Homebased instruction is provided for students based on recommendations from the Mecklenburg County Public Schools (MCPS) Discipline Committee, the Individualized Education Plan (IEP) or Section 504 Committees, pending criminal charges, and/or felony convictions. **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 between the teacher and parent or student who has reached the age of majority (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.***

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 Hearing (if applicable):		
Signature of Principal / Designee		Date

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:	Email Address:	
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): _____