125 Stewart Avenue
Gray, GA 31032
(478) 986-3032 phone
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Ginger Bailey. Chairman
Mark W. Andrews
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Alfred L. Pitts

Educational Service Plan
For Students Receiving Hospital/Homebound (HHB) Services

Conference Date: ________________________ Conference Location: _______________________

Was this conducted via a conference call? Yes No

Student Information

Student Name: ____
Last First MI

Address: ____

____

M ☐ F ☐ Date of Birth: ____

Parent/Guardian: ____
Last First MI

Phone: (H) _____________________ (W) ___________________ (C) ______________________

School Name: ____Grade: _____

Counselor/Social Worker: ____

Student Testing (ID) Number: ____

Test Scores:
Reading/ELA _____
Math _____
Reg. Ed. _____
Spec Ed _____

Number days absent to date during the current school year: _______________________________

Parent/Guardian: ____
Last First MI

Phone: (H) _____________________ (W) ___________________ (C) ______________________

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Current Educational Program

Subject	Current Level	Recent Grade	Text/Materials & Adaptations/Comments	Regular Classroom Teacher Name

Location
Home:
Yes ☐ No ☐
Hospital:
Yes ☐ No ☐
Other:
Yes ☐ No ☐ (Specify) ____________

Proposed Educational Plan
Instruction:
Begin Date: ____________
End Date: ____________

Subject	Text/Materials and/or Assignments	Direct Instruction	Online	Hrs/ Week

HHB Teacher Name: ____

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Medical considerations for instruction:

____

____

____

Other accommodations:

____

____

____

The following adult designee is authorized to monitor the session. I certify that this person is 21 years of age.
Adult Parent Designee: ____

Phone (C): ____

____
Parent/Guardian Signature Date

<u>Reentry Plan</u>

Anticipated date of return to school: ____

Strategies to facilitate the student's reentry to school:

____

____

____

____

____

____
Parent/Guardian Signature Date

____
School Team Designee/IEP Designee Signature Date

____
Principal or Designee Signature Date

____
HHB Teacher Signature Date