CERTIFICATION OF NEED FOR ALTERNATIVE/HOMEBASED PLACEMENT

(For IEP/Discipline Committee Referrals for Home Based Instruction)

A. TO BE COMPLETED BY SCHOOL

STUDENT INFORMATION:

Full Legal Name of Student	**Date of Birth**	**Age**	**Sex**	**Grade**

Parent's/Guardian's Name	**Home Phone**

Address	**Father's Work Phone**

City, State	**Zip**	**Mother's Work Phone**

School	**Case Manager**	**Ext.**	**Guidance Counselor**	**Ext.**

Course Schedule		
Subject	**Teacher**	**Ext.**

B. REASON FOR PLACEMENT

Reason for Placement:

_____

_____

_____

Date of Initiation: _____/_____/_____ Date to return to school: _____/_____/_____

WHAT PRECAUTIONS SHOULD BE CONSIDERED BY SCHOOL PERSONNEL IN PROVIDING SERVICES:

_____

_____IS THE HOME A PROPER SETTING FOR INSTRUCTION? **EXPLAIN:** _____

_____DOES THE STUDENT HAVE AN IEP? _____YES _____NO

_____ HAS THE IEP BEEN AMENDED TO REFLECT HOME BASED INSTRUCTION_____YES _____NO

C. PRINCIPAL SIGNATURE

_____ _____

Date Principal Signature

D. ADMINISTRATIVE APPROVAL

I hereby approve home based instruction for this student and certify that the teacher to be employed will hold a certificate in full force issued in accordance with the rules and regulations of the State Board of Education.

_____ _____ # OF HOURS: _____

Date Division Superintendent or Designated Representative