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

## Chattooga County Special Education Department 13234 Highway 27 Summerville, Georgia 30747

Phone: 706-822-9902 Fax: 706-822-9906

Conference Date:	Conference Location:	
Was this conducted via a conferen	nce call? Yes  No	
<b>Student Information</b>		
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 durin	g the current school year:	

Parent/Guar	dian: Last		First		
	Last		FIISt		IVII
Phone: (H)_		(W)		_(C)	
Current Ed	lucational Program				
Subject	Current Level	Recent Grade	Text/Materials & Adaptations/Con		Regular Classroom Teacher Name
Proposed E	ducational Plan				
Begin Date: End Date:					
Location: Home: Yes \( \sigma \)	No 🖂				
<b>Hospital:</b> Yes	10 <u> </u>				
Other: Yes \( \subseteq \)	No ☐ (Specify)				
Subject	Text/Materi Assignments		<b>Direct Instruction</b>	Online	Hrs/Week
	<b>g</b>				

HHB Teacher Name:	
Medical considerations for instruction:	
Other accommodations:	
If the above mentioned parent/guardian is not at home at the tim session, the following adult designee is authorized to monitor the se 21 years of age.	
Adult Parent Designee:	
Phone (where parent can be reached):	
Parent/Guardian Printed Name	Date
Parent/Guardian Signature	Date

## **Reentry Plan**

Anticipated date of return to school:  Strategies to facilitate the student's reentry to school:				
Parent/Guardian Printed Name	Date			
Parent/Guardian Signature	Date			
School Team Designee/IEP Designee Printed Name	Date			
School Team Designee/IEP Designee Signature	Date			
Principal or Designee Printed Name	Date			
Principal or Designee Signature	Date			
HHB Teacher Printed Name	Date			
HHB Teacher Signature	Date			