

**Carroll County Schools
Educational Service Plan
Hospital/Homebound Services**

Conference Date: _____ Location _____ Online/Phone _____

Student: _____ DOB _____ Grade _____ ID# _____

Address: _____ School _____

Counselor: _____ Days Absent to Date _____

Test Score: RDG/LA _____ Math _____ Reg. Ed. _____ Spec. Ed. _____

Parent/Guardian _____ Home Phone _____

Work Phone _____ Cell Phone _____

Current Educational Program

SUBJECT	GRADE	Text/Materials/Comments	Instructional Method	Teacher

Proposed Educational Plan for Consecutive Services _____ and/or Intermittent Services _____

Instruction: Begin Date: _____ End Date: _____ For: Home ___ Hospital ___

Hospital/Homebound Teacher to Provide Instruction _____

Medical Consideration for Instruction:

Other Accommodations:

If the above mentioned parent/guardian is not at home at the time of the scheduled session the following adult designee is authorized to monitor the session.

Adult Parent Designee: _____ Cell: _____

