

**Carroll County Schools**  
**School Year: \_\_\_\_\_ - \_\_\_\_\_**  
**Hospital/Homebound Service Agreement**

NAME \_\_\_\_\_ School/Base \_\_\_\_\_

Home Address: \_\_\_\_\_ Vehicle Tag # \_\_\_\_\_

SUBJECTS Preferred \_\_\_\_\_ Planning Time \_\_\_\_\_ CCS ID# \_\_\_\_\_

Email \_\_\_\_\_ Fields of Certification \_\_\_\_\_

- \_\_\_\_\_ I would like to provide instruction for Hospital-Homebound students.
- \_\_\_\_\_ I will be willing to work with students from my school.
- \_\_\_\_\_ I would consider students from other Schools. List other schools of interest \_\_\_\_\_

**PLEASE NOTE THE FOLLOWING REQUIREMENTS FOR THE TEACHER PROVIDING HHB INSTRUCTION:**

- ✓ **You must serve a student for 3 hours per week. Anything more than 3 hours per week must be pre-approved.**
- ✓ **You must complete a HHB Time/Service Record Sheet to be paid for hours instructing student.**
- ✓ **You are responsible for gathering work from the school to give to student. You are also responsible for returning completed work to the classroom teacher/teachers. You are responsible for bi-weekly reports on student progress.**
- ✓ **Hospital/Homebound Instruction must be provided after school hours and/or on weekends if you currently are teaching in a classroom position in the Carroll County School System.**
- ✓ **If you are interested in providing HHB Instruction for the Carroll County School System this agreement must be signed and returned to LaNelle Holland/Hospital-Homebound, Carroll County Schools.**
- ✓ **Travel will only be paid for trips to meet with the student for instruction.(No travel if student is on direct route home unless served on non-school days.**

I AGREE TO ABIDE BY THE REQUIREMENTS OUTLINED ABOVE IF I AM ASSIGNED A CARROLL COUNTY HHB STUDENT TO SERVE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number \_\_\_\_\_ Cell Phone number \_\_\_\_\_

**FOR OFFICE USE ONLY**

<u>DATE</u>	<u>STUDENT ASSIGNED</u>	<u>BEGINNING DATE</u>	<u>ENDING DATE</u>

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_