

THE SCHOOL DISTRICT OF PHILADELPHIA  
 OFFICE OF SPECIALIZED SERVICES  
 SCHOOL HEALTH SERVICES  
 440 N. BROAD STREET - 2ND FLOOR, PHILADELPHIA, PA 19130

**EDUCATIONAL PLAN FOR STUDENTS RECEIVING HOMEBOUND INSTRUCTION<sup>1</sup>**

Conference Date: \_\_\_\_\_ Student: \_\_\_\_\_

DOB: \_\_\_\_\_ Student ID: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Philadelphia, PA 191 \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Special Ed. (Circle one) Yes - No

Current Level: Reading: \_\_\_\_\_ Math: \_\_\_\_\_

Assessment used (i.e. Terra Nova, PSSA, etc.): \_\_\_\_\_

<b>CURRENT EDUCATIONAL PROGRAM</b>				
Subject	Current Level	Last Reported Grade	Text/Materials & Adaptation/Comments	Classroom Teacher

<b>PROPOSED EDUCATIONAL PROGRAM</b>		
Instruction: <b>Begin Date:</b> _____ <b>End Date:</b> _____		
Subject	Text/Materials & Adaptation/Comments	Minutes / Week

**Consideration for related services** (for students with IEP\*): *Total Minutes / Week >>*

**PARTICIPANTS' SIGNATURES:**

1. \_\_\_\_\_ Date \_\_\_\_\_ 3. \_\_\_\_\_ Date \_\_\_\_\_  
 Home School Teacher Homebound/Hospital Teacher

2. \_\_\_\_\_ Date \_\_\_\_\_ 4. \_\_\_\_\_ Date \_\_\_\_\_  
 Home School Teacher School Administrator

<sup>1</sup> Refer to manual section for CSAP/ IEP Planning

- One copy for Student's folder
- One copy for Homebound Teacher
- One copy for Parent/Guardian

\* Attach IEP for student with disabilities