

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

PROGRESS REPORT FOR STUDENTS RECEIVING HOMEBOUND INSTRUCTION

NAME OF STUDENT: _____ STUDENT ID: _____

FROM DATE: _____ TO DATE: _____ NO. OF SESSIONS: _____

REPORT PERIOD: _____ FINAL REPORT: _____

Curriculum Areas *	Goals/Objectives	Progress and Grade During Report Period
1.		
2.		
3.		
4.		
5.		
6.		

** Curriculum areas including: Literacy, Math, Behavior, Science, etc. (For Low Incidence may include: communication, personal maintenance, attention, domestic maintenance, etc.)*

TEACHER'S COMMENTS

1. Teacher: Period: to	2. Teacher: Period: to
3. Teacher: Period: to	4. Teacher: Period: to
5. Teacher: Period: to	6. Teacher: Period: to

CHECKLIST FOR STUDENT COMPLETING HOMEBOUND INSTRUCTION AND RETURNING TO THE CLASSROOM

- ___ Returned books and materials to school
- ___ Progress report is completed and submitted to school
- ___ Grade/credits for most recent marking period submitted to school
- ___ Student's home school informed that student is returning to the classroom (principal, administrative designee, or nurse)
- ___ Received parent signature on SEH-19HB form to verify teacher's participation.

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Describe criteria for determining student's report card grades and course credit including responsibilities of homebound teacher and classroom teacher.

Schedule for reporting progress/grades to the homebound student's home school:

- Report Card Period Final Progress Report Other

Teacher Signatures:

1. Name: _____ Grade or Subject: _____

2. Name: _____ Grade or Subject: _____

3. Name: _____ Grade or Subject: _____

4. Name: _____ Grade or Subject: _____

5. Name: _____ Grade or Subject: _____

6. Name: _____ Grade or Subject: _____

- * Attach IEP for student with disabilities
- One copy for Student's folder
 - One copy for Homebound Teacher
 - One copy for Parent/Guardian