

**APPLICATION FOR HOMEBOUND INSTRUCTION**  
Department of Special Education  
Lincoln Public Schools

Date \_\_\_\_\_ Referred by \_\_\_\_\_

Student No. \_\_\_\_\_ Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ Name of Parent \_\_\_\_\_

School \_\_\_\_\_ Date Last Attended \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Physician to be contacted \_\_\_\_\_ Possible length of absence \_\_\_\_\_

Special Education Certification: \_\_\_\_\_

1. Reason for referral \_\_\_\_\_

2. Special needs, if any \_\_\_\_\_

3. Report of case investigation

Physician contact. Date \_\_\_\_\_

Resident home/hospital contact. Date \_\_\_\_\_

Resident school contact. Date \_\_\_\_\_

Do you recommend this student for Homebound Services?  Yes  No

Comments \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Approved:  Yes  No

Date \_\_\_\_\_

Assigned to \_\_\_\_\_

\_\_\_\_\_  
Supervisor of Homebound Program

Homebound services initiated \_\_\_\_\_

Homebound services \_\_\_\_\_