

**Gilmer County Schools  
Policy 6142.38**

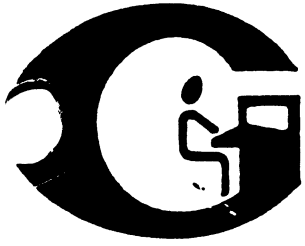
**Title: HOMEBOUND INSTRUCTION**

Gilmer County Schools will provide homebound teaching services for students who will be unable to attend school for a period that will last more than three weeks. Reasons for absences must be certified by a licensed physician. Students with injuries, noncommunicable illnesses or other restrictive health conditions are eligible for these services. Prior to the assignment of a homebound instructor, the parent must submit a request with a physician's report to the principal.

**Reference: WV Code 18-20-2**

**Approved:**





## Gilmer County Schools

201 N. Court Street  
Glennville, WV 26351  
Phone: (304) 462-7386  
Fax: (304) 462-5103

### REQUEST FOR HOMEBOUND INSTRUCTION

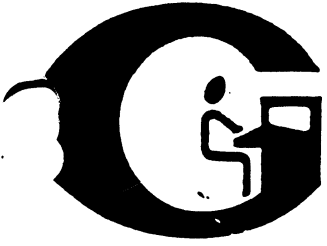
I, \_\_\_\_\_ request that my child \_\_\_\_\_,  
be provided homebound instruction for the following reason(s):

I anticipate the duration to be \_\_\_\_\_.  
(days, weeks, months)

I understand that I must secure a Physician's Report prior to the principal  
being able to grant this request.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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## PRINCIPAL'S PERMISSION FOR HOMEBOUND INSTRUCTION

I, \_\_\_\_\_, principal of \_\_\_\_\_  
grant permission for \_\_\_\_\_ to receive homebound  
student  
instruction based on the following information.

Student Name: \_\_\_\_\_

Reason(s): \_\_\_\_\_  
\_\_\_\_\_

Physician's Report received: \_\_\_\_\_  
Date

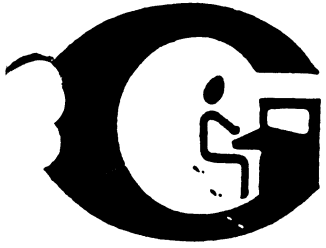
Estimated Duration: \_\_\_\_\_

Homebound Instructor: \_\_\_\_\_

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

cc: Parent  
Superintendent  
Homebound Instructor



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### HOMEBOUND INSTRUCTION GRADE REPORT FORM

(To be completed by homebound instructor upon termination of homebound instruction and at the end of each grading period.)

_____	_____	
Student's Name	Grade	
_____	_____	
School	Subject	
_____	_____	_____
Period Covered	Number Hours Taught	Course Grade
_____		

NARRATIVE DESCRIPTION OF INSTRUCTION:

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date