

**BLAND COUNTY PUBLIC SCHOOLS
HOMEBOUND INSTRUCTION**

Updated Aug. 2022

Teacher's Name:					Homebound Student's Name:				
Month Beginning:					School:		Grade:		
Month Ending:					Parent/Guardian's Name:				
DATE	PLANNING HOURS	INSTRUCTIONAL HOURS IN OUT		TOTAL INSTRUCT. HOURS	DATE	PLANNING HOURS	INSTRUCTIONAL HOURS IN OUT		TOTAL INSTRUCT. HOURS
1					16				
2					17				
3					18				
4					19				
5					20				
6					21				
7					22				
8					23				
9					24				
10					25				
11					26				
12					27				
13					28				
14					29				
15					30				
					31				
SUB-TOTAL		<u> </u>	<u> </u>		SUB-TOTAL:		<u> </u>	<u> </u>	

TOTAL PLANNING HOURS: _____ **TOTAL INSTRUCTIONAL HOURS:** _____

My signature below certifies that the above-named teacher did provide the above-listed hours of direct homebound instruction to my child. I understand that my signature is certifying the amount of direct instructional hours only and does not include planning time.

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____

My signature below certifies that I have provided the above-listed hours of direct homebound instruction to the above-named student on the dates listed and also certifies the number of planning hours listed for this student.

SIGNATURE OF HOMEBOUND INSTRUCTOR: _____ **Date:** _____

CENTRAL OFFICE USE:

TOTAL HOURS: _____ **x \$25.00/hour = \$** _____ **PAID PAID:** _____ **CHECK NO.** _____

Supervisor: _____ **Finance:** _____

*Please submit **TIMESHEET** to Cynthia Everitt-Day by **the 10th of the following month.** This will allow you **to be paid the following month. i.e. September would be paid the end of October.** If you have multiple homebound students, please submit a time sheet for each individual student.