



**Board of Education**

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*Dr. Jerry Bell, Superintendent*

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**Haralson County Schools will be recognized as a leader in improving student achievement for ALL students.**

**Educational Service Plan  
For Students Receiving Hospital/Homebound (HHB) Services**

**Student Information**

Student Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
\_\_\_\_\_

M  F  Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Last First MI

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor: \_\_\_\_\_

Student Testing (ID) Number: \_\_\_\_\_

Test Scores:  
Reading/ELA \_\_\_\_\_  
Math \_\_\_\_\_  
Reg. Ed. \_\_\_\_\_  
Spec Ed \_\_\_\_\_

Number days absent to date during the current school year: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Last First MI

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Current Educational Program**

Subject	Current Level	Recent Grade	Text/Materials & Adaptations/Comments	Regular Classroom Teacher Name

**Proposed Educational Plan**

**Instruction:**

Begin Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**Location:**

Home:

Yes  No

Hospital:

Yes  No

Other:

Yes  No  (Specify) \_\_\_\_\_

Subject	Text/Materials and/or Assignments	Direct Instruction	Online	Hrs/Week

HHB Teacher Name: \_\_\_\_\_

**Medical considerations for instruction:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other accommodations:**

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If the above mentioned parent/guardian is not at home at the time of the scheduled instructional session, the following adult designee is authorized to monitor the session. I certify that this person is 21 years of age.

Adult Parent Designee: \_\_\_\_\_

Phone (C): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Reentry Plan**

**Anticipated date of return to school:** \_\_\_\_\_

**Strategies to facilitate the student's reentry to school:**

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\_\_\_\_\_  
Parent/Guardian Printed Name Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
School Team Designee/IEP Designee Printed Name Date

\_\_\_\_\_  
School Team Designee/IEP Designee Signature Date

\_\_\_\_\_  
Principal or Designee Printed Name Date

\_\_\_\_\_  
Principal or Designee Signature Date

\_\_\_\_\_  
HHB Teacher Printed Name Date

\_\_\_\_\_  
HHB Teacher Signature Date

Teachers will receive 4 copies of the weekly lesson plan. Please make additional copies as necessary. The HHB Teacher will pick up the Weekly assignments. When the work is completed by the student, the next assignments will be picked up for the student to work and complete.

Please initial below when the teacher receives a weekly lesson plan form.

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