CMCSS
The Defining Difference

REQUEST FOR HOMEBOUND ASSIGNMENTS (STS-F013)

Homebound Student: _____

Homebound Begin Date: _____ **Homebound End Date:**_____ **Return to School Date:** _____

Classroom Teacher / Subject: _____

Classroom Teacher's CMCSS email: _____

Return to Homebound Contact: _____ **within two (2) days of request (date):** _____

Homebound Teacher: _____

Homebound Teacher's CMCSS email: _____

Modification of assignments should be considered as student will receive a minimum of 3 hours per week of homebound services.

Student will complete assignments/tests assigned by you, the classroom teacher. Be specific by writing below the assignments and how the student is to access the assignments.

 *All work will be returned to and graded by the classroom teacher.

Assignments:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Student needs to take the following tests: Benchmarks, End of Course, Gateway, TCAP

Test to be taken: _____   Date: _____

Test to be taken: _____   Date: _____

Classroom Teacher's Signature: _____   Date: _____