

Richland County School District One
HOMEBOUND INSTRUCTIONAL PROGRAM
Olympia Campus * 621 Bluff Road, 2nd Floor, Suite D33, Columbia, SC 29201
Telephone: (803) 400-1672 * Fax: (803) 400-1674 * www.richlandone.org

INSTRUCTION SCHEDULE REPORT*

This is to notify Richland County School District One’s Homebound Services that I,
_____, have been assigned to _____, a student
at _____ school for _____ hours per week.

I will be coordinating with the child’s regular teacher (s) as much as possible, to cover the same course
content while he/she is at home or in the hospital.

I have notified the parent (s) * and student of the following schedule, to begin on _____ which
is expected to be completed on/by _____.

Monday: From: _____ to _____ o’clock
Tuesday: From: _____ to _____ o’clock
Wednesday: From: _____ to _____ o’clock
Thursday: From: _____ to _____ o’clock
Friday: From: _____ to _____ o’clock

If, for any reason, I am unable to contact the parent/student to set up a beginning date and schedule of daily
instruction, I will notify the Homebound Contact Person in Student Support Services the same day of being
assigned to the student.

Signature of Homebound Teacher _____ Date _____

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_____ I understand that I must have a quiet, well-lighted area available for instruction time. Pets
should be confined. This should be done prior to the arrival of the homebound teacher.

_____ I understand that I do not sign the time report until instruction has been completed for that
day.

_____ I understand that I must be at home the entire time each day during my child’s instruction or
the lesson will be terminated at once.

Parent’s Signature

_____ I will not be able to be at home during the instruction. I have authorized
_____, who is 21 years of age or older, to sign in my absence. He/She
understands that he/she must be present at all times during the instruction or the lesson will be
terminated at once.

Other Responsible Person’s Signature

If you have any questions, please contact Homebound Services at 400-1672.

Original to school homebound coordinator (white copy)
Copy to be hand delivered or sent to parent/guardian (yellow copy)

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***To be completed by Homebound Teacher and Parent**