

5-D: HOMEBOUND/HOSPITALIZED PUPIL LIST (MEDICAL)

District		School Year	
Building - Program		Count Day	October
			February

I certify that this is a true and accurate list of all pupils who were enrolled and receiving Homebound/Hospitalized services as of count day.

Authorized Representative Signature Title Date

INSTRUCTIONS: Complete the report below for all eligible pupils enrolled in the following Homebound/Hospitalized Program - State Aid Act Sec. 109. Please attach Physician Statement for each pupil. Psychologist or Social Worker is NOT acceptable. Indicate the requirements have been met with Y/N.

Last Name	First Name	Grade Level	Excused Absence on Count Day	Credit is Awarded toward Diploma	Special Ed. Two Non-Consecutive Hours of Instruction	General Ed Two 45 Minutes of Instruction	Teacher Log Attached	Physician Statement Attached	Date Service Began

The above pupils should appear on the building membership list and, if in a special education classroom, on a respective A or B worksheet.