	5	5-D: HOMEE	BOUND/HO	SPITALIZ	ED - TE	ACHER	LOG		
District					School Ye	ar			
Building -					Count Day	,	October		
Program					Count Day	/	February		
I certify that the	his is a tru	ie and accurate	Teacher Log f	for qualifying	Homebour	nd/Hospital	ized Education	pupil(s).	
Certificated Teacher Signature					Date				
		plete this form f talized Program	•		n provided	to an eligib	ole pupil receivii	ng instruction	
regular educa of instructiona services. A ce	ation pupil al service ertificated	nust provide a nor a minimum of a minimum of per week for a sepecial education at the cust be submitted	of two one-hou special educati on teacher mu	r non-consection pupil who st provide the	utive perio se IEP call instruction	ds (separa s for home	ted by 30 minu bound/hospitali	tes or more) ized	
Pupils Legal Name:							_ Grad	de:	
Teacher(s):									
Cab a dula d	Data of	Instructional Time		Attendance	If Absent Parent's Must Initial				
Scheduled Date of Instruction		Start Time	End Time	Present - Absent		If Pup	il is Absent, Lis	t Reason	
				+					

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