

Manchester Public Schools  
Pupil Personnel Services Department  
**Homebound Instruction Request Form**  
(To be completed by referring individual or school)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_ Student Status:     Reg. Ed.     504     Special Ed.  
School Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**Contact Information**

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Tutoring Information**

Amount of Instruction per week: \_\_\_\_\_ Tutoring to begin: \_\_\_\_\_ End: \_\_\_\_\_

Reason for tutoring request:    Per 504    Per PPT    Expulsion    Medical    Other

Verified medical reason is attached

Description of tutoring needs (subject(s), strategies, recommendations, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*School must attach all supporting documentation with this request.  
(504 plan, medical verification, IEPs, any document that will help justify the need for tutoring, etc.)

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**For Pupil Personnel Services Office Only:**

To: \_\_\_\_\_

- Special services have been authorized for the above student.
- Special services have been authorized for the above student; however the lengths of time and amount of time have not been approved. (See below).
- Special services have not been approved for the above student.
- Other: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A PPT must be convened on any student identified for special education or related services placed on home bound instruction. The number of hours of instruction assigned to a student via the PPT must be strictly adhered. *No reduction of tutorial time should occur without approval of the building administrator in charge of the student's program.*

\_\_\_\_\_  
Director for Pupil Personnel Services

\_\_\_\_\_  
Date