

Exceptional Student Education Homebound/Hospital Status of Exit or Withdrawal

Student Name:					Today's Date:		
Student #:			School:		Grade:		
Dat	e of Birth:	Sex:	Race:	Primary Langua	ige at Home:		
Par	ent/Guardian Name:						
Par	ent/Guardian Addres	s:					
Parent/Guardian Home Phone:				Work Phon	Work Phone:		
The	above-named stude	nt is:					
	Returned to his/her regular school program in Alachua County, as of, (stuis staffed chronic and IEP remains open).						
	Returned to his/her	•	ool program and di	ismissed from Hospi	tal/Homebound as of	:	
	Returned to his/her regular school program in another school district as of, (student is staffed chronic and IEP remains open).						
	Returned to a full of and IEP remains op		ESE program as of		, (student is staf	fed chronic	
	Returned to a full or part-time ESE program and dismissed from Homebound/Hospital as of						
	Withdrawn as of		due to			·	
Signature:				Date:			
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Form No.: ESE-415-008 – Homebound-Hospital Status of Exit or Withdrawal / ESE

New Date: 7/31/19

Distribution: ___ Home School ___ District ___ DBM - HH