

St. Lucie County Public Schools
Exceptional Student Education
Homebound/Hospitalized Commitment of Services

(Please Print)

Student: _____ School: _____

Teacher: _____ Date: _____

Assigned Range of Time: _____ Date assigned: _____ Grade: _____

Home Instruction Duration: _____

Subjects: (Please Print)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Days and Times scheduled with parent/guardian:

___ Monday Time: _____

___ Tuesday Time: _____

___ Wednesday Time: _____

___ Thursday Time: _____

___ Friday Time: _____

Teacher signature: _____

Parent/Guardian signature: _____