

**St. Lucie County Public Schools**  
Exceptional Student Education  
**Home Instruction 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: \_\_\_\_\_