

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE

WEEKLY REPORT
HOMEBOUND INSTRUCTION

Date Filed

Student's Name

Homebound Teacher

Home School District

Date	No. of Hrs. of Instruction	No. of Hrs. of Preparation	No. Miles Traveled	Clock Hrs./Min. (ex: 5:30-6:30)	Teacher Comments on Child's Progress

Total Hrs. Instruction _____

Total Hrs. Preparation _____

Total Miles Driven _____

(Signed) Homebound Teacher

Mail this form each
Friday to:

Special Education Office
620 Industrial, Box 760
Goddard, KS 67052