

**Educational Service Plan (ESP)
For Students Receiving Hospital/Homebound (HHB) Services**

**Educational Service Plan (ESP) for
Hospital Homebound (HHB) Services**

Conference Date: _____ Conference Location: _____

Was meeting conducted via a conference call? Yes No

Was parent present for meeting? Yes No

Student Information

Student Name: _____

Last First MI

Address: _____ Zip _____

M F Date of Birth: _____ ID Number _____

Parent/Guardian: _____

Last First MI

Phone: H _____ W _____ C _____

School Name: _____ Grade: _____

Counselor: _____ Social Worker _____

Educational Plan

All HHB instruction is currently virtual. Face-to-face visits with the HHB teacher are currently unavailable.

Medical considerations/accommodations for instruction:

The primary method of communication with the HHB teacher is text message. Please list any additional phone numbers that the HHB teacher may utilize to communicate information pertaining to HHB services such as assignments and scheduling.

Name _____ Phone _____ Cell? Yes No

Student Name: _____

Name _____ Phone _____ Cell? Yes No

Subject	Recent Grade	Location of Resources for Assignment Completion	Delivery Method for assignments (Canvas, email, pony, etc.)	Full Name of Teacher

Reentry Plan

Anticipated date of return to school: _____

Strategies to facilitate the student's reentry to school: (or see attached page(s))

Were electronic signatures used? Yes No

Parent/Guardian Signature Date

School Team Designee/IEP Designee Signature Date

Principal or Designee Signature Date

HHB Teacher Signature Date