



Exceptional Student Education  
**Homebound/Hospital Status of Exit or Withdrawal**

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student #: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Primary Language at Home: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

The above-named student is:

- ☐ Returned to his/her regular school program in Alachua County, as of \_\_\_\_\_, (student is staffed chronic and IEP remains open).
- ☐ Returned to his/her regular school program and dismissed from Hospital/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 or part-time ESE program as of \_\_\_\_\_, (student is staffed chronic and IEP remains open).
- ☐ Returned to a full or part-time ESE program and dismissed from Homebound/Hospital as of \_\_\_\_\_.
- ☐ Withdrawn as of \_\_\_\_\_ due to \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_