

# Hospital/Homebound (HHB) Services Make-Up Instructional Session Verification Form

Chattooga County Special Education Department  
13234 Highway 27  
Summerville, Georgia 30747  
Phone: 706-822-9902 Fax: 706-822-9906

## A. Student Information

Student Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
\_\_\_\_\_

M  F  Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Last First MI

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor/Social Worker: \_\_\_\_\_

Student Testing Number: \_\_\_\_\_

Hospital/Homebound (HHB) Services Teacher Name: \_\_\_\_\_

Date of Make-Up Session: \_\_\_\_\_ Date of missed session: \_\_\_\_\_

Is student graduating senior? Yes  No

### Format of Session:

- Individual
- Group
- Online
- Other (Specify): \_\_\_\_\_

### Location of Make-up session:

- Home
- Library
- Hospital
- Other (Specify): \_\_\_\_\_

Content Area(s)	Course Name/Number	Number of Instructional Make-Up Hours
Reading/ELA		
Social Studies		
Mathematics		
Science		
Electives		
(Specify Course)		

Form Completed By:

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Designee Printed Name

Date

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Designee Signature

Date