

SAMPLE

HARLAN COUNTY BOARD OF EDUCATION - HOME/HOSPITAL INSTRUCTION PROGRAM

SAMPLE

Home Visit Time Sheet for Teachers (One student per time sheet, original copies only)

	Date	Time (Start & End)	Name of Student	Duration of Visit (1 hr)
M				
T				
W				
Th	8/17/23	3:30-4:30	JOHN DOE	1
F				
Total Weekly Hours				1

	Date	Time (Start & End)	Name of Student	Duration of Visit (1 hr)
M	8/21/23	3:15-4:15	JOHN DOE	1
T				
W				
Th	8/24/23	3:30-4:30	JOHN DOE	1
F				
Total Weekly Hours				2

Two Weeks Total Hours 3

Sally Jones
TEACHER SIGNATURE

LSP
PROGRAM DIRECTOR SIGNATURE

1234
ID NUMBER (MUST BE INCLUDED)

JACES
SCHOOL

8/24/23
DATE

SAMPLE

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HARLAN COUNTY BOARD OF EDUCATION - HOME/HOSPITAL VISITATION & PLANNING SCHEDULE

NAME OF SCHOOL:

* Please ensure that the student name, parent/guardian signature (no initials please), date, beginning and ending times of each visit are included below and that they match your timesheets exactly. Visits can only occur after school hours on days that school is in session and only 1 student should be added per form.
* Please submit the original of this document when turning in paperwork. We cannot accept copies.

STUDENT NAME	SIGNATURE OF PARENT OR GUARDIAN	ADDRESS	PHONE	DATE	BEGINNING TIME	ENDING TIME	TRAVEL TIME	PLANNING & CONFERENCES
JOHN DOE	Sign each visit	345 Hwy 522 TOTZ, KY	606 573-0000	8/17/23	3:30	4:30	15 min.	Phone Call
"	Sign each visit	"	"	8/21/23	3:15	4:15	15 min.	Visit Electronic
"	Sign each visit	"	"	8/24/23	3:30	4:30	15 min.	Drop off Visit Pick up

SIGNATURE OF TEACHER: Sally Jones
THIS MUST BE TURNED IN EVERY 1-2 WEEKS BY THE 10TH AND 25TH OF EACH MONTH

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HARLAN COUNTY BOARD OF EDUCATION - HOME/HOSPITAL PROGRAM FORM

District: HARLAN COUNTY Student: JOHN DOE Date of Birth: 3/02/13

Grade: 5 IEP on File: Yes No

School Name: JACES Reason for Admission: Medical Mental Health _____ Complications from Pregnancy _____

Year Beginning: 2023 Year Ending: 2023

Teacher Name: SALLY JONES Home Hospital _____ Both _____

Record of Instruction in Minutes - Please put a '60' in each box where a visit was made to reflect a 1 hour visit and leave each remaining box blank where visits have not been made. When the month ends, please total the minutes up in the far right column. Keep the original of this document until the HH placement ends and submit a copy every time you submit paperwork. This document should include only 1 student.

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Min.	
AUGUST																	60				60											60	300
SEPTEMBER					60						60						60																180
OCTOBER																																	
NOVEMBER																																	
DECEMBER																																	
JANUARY																																	
FEBRUARY																																	
MARCH																																	
APRIL																																	
MAY																																	
JUNE																																	

Instructions:

- Fill in all blanks
- Reason for Program Admission must be completed

Teacher Signature: Sally Jones Teacher Signature: _____

If more than one teacher provides instruction, they must sign below:

Teacher Name (Print): _____ Teacher Signature: _____

Teacher Name (Print): _____ Teacher Signature: _____

Teacher Name (Print): _____ Teacher Signature: _____

Dates of Instruction: _____

Note: Kentucky school districts should maintain Home/Hospital Program forms within the school district. Forms will be requested for inspection during scheduled Attendance Reviews.

SAMPLE
2023-2024 SCHOOL CALENDAR

JOHN DOE
 • EACH 5 DAYS

X-VISITS MADE
 District: Harlan County

Traditional Calendar

Year-round Calendar

(175) Number of Instructional Days

JULY 2023						
S	M	T	W	T	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST 2023 (12)						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	P	12
13	P	O	16 ^S	17 ^X	18	19
20	21 ^X	22 [.]	23	24 ^X	25	26
27	28 ^X	29 [.]	30	31 ^X		

SEPTEMBER 2023 (20)						
S	M	T	W	T	F	S
					1	2
3	H	5 ^X	6 [.]	7	8 ^X	9
10	11	12 ^X	13 ^E	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER 2023 (22)						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER 2023 (15)						
S	M	T	W	T	F	S
			1	2	3	4
5	P	7	8	9	10	11
12	13	14	15	16	17	18
19	P	K	K	H	K	25
26	27	28	29	30		

DECEMBER 2023 (11)						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	K	K	K	K	K	23
24	H	K	K	K	K	30
31						

JANUARY 2024 (21)						
S	M	T	W	T	F	S
	H	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY 2024 (20)						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	K	20	21	22	23	24
25	26	27	28	29		

MARCH 2024 (21)						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL 2024 (17)						
S	M	T	W	T	F	S
	K	K	K	K	K	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY 2024 (16)						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	LD	C	25
26	27	U	U	U	U	

JUNE 2024						
S	M	T	W	T	F	S
						1
2	U	U	U	U	U	8
9	U	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

1st Nine Weeks Ends Oct. 16th - 43 Days
 2nd Nine Weeks Ends Jan 8th - 42 Days
 1st Semester - 85 Days

3rd Nine Weeks Ends Mar 11th - 43 Days
 4th Nine Weeks Ends May 23rd - 47 Days
 2nd Semester - 90 Days

High School Only: 1st Semester Ends Jan 8th - 85 Days
 2nd Semester Ends May 23rd - 90 Days