HOMEBASED INSTRUCTIONAL TIME FORM

District: _____ **School Year:** _____

Building/ Program: _____ **Count:** ☐ **Fall** ☐ **Spring**

INSTRUCTIONS: **Complete the report below for each period of instruction provided to an eligible pupil receiving a minimum of two non-consecutive hours of instruction in one of the following programs:**

Check One:

☐ **Mandatory Expulsion - Homebased Program for Pupil to Pupil Physical Assault (R.S.C. Sec. 1310); Weapon, Arson or Sexual Misconduct Expulsion (R.S.C. Sec. 1311); Homebased Program for Physical or Verbal Assault to school employee, contractor or volunteer, bomb or similar threat (R.S.C. Sec. 1311a)**

☐ **Homebased Program (FTE must be Pro-rated) - As a result of disciplinary action due to Local District Policy; State Aid Act Sec. 6(4)(v).**

☐ **Homebased per IEP (FTE Pro-Rated)**

PUPIL'S NAME: _____ **GRADE:** _____

TEACHERS: _____

_____

_____

_____

DATE	INSTRUCTIONAL TIME	
	START	END

_____ _____

Signature of Certificated Teacher Date