



LEYDEN AREA SPECIAL EDUCATION COOPERATIVE

10401 GRAND AVE., FRANKLIN PARK, IL 60131

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Michael T. McElherne, Ed.D.

Director

HOME/HOSPITAL IEP

Student Name (L,F,M): _____ SID # _____ Grade _____ Birthdate _____

Parent/Guardian Name _____ Home Phone _____

Home School _____ Attending School _____

This student is eligible for: Home Instruction Hospital Instruction

Hours Of Instruction/Week _____ Starting Date _____

Diagnosis _____

Home/Hospital Instructor * _____

* The instructor's Social Security and Teaching Certificate numbers must be reported to Ms. Jo Cybulski at the LASEC Office.

Present Levels of Performance

Goal

Short Term Objective(s)

Person Completing This Form _____

Date Completed _____

Attached: Completed Medical Certification Form