

**Pasco County Schools Student Support Programs and Services
Bi-Weekly Hospital/Homebound and Off-Campus Instruction Timesheet**

MIS Form 780
Rev 10/2017

Please complete the demographic and scheduling information below completely. (This section may be electronically completed.)

Student Name:		Student Number:		Student School:		
Student Address:				Assigned Administrator:		
Approved For (check one): <input type="checkbox"/> Hospital/Homebound [B] <input type="checkbox"/> Off-Campus Instruction [X]						
Itinerant Teacher Name:		Itinerant Teacher School:		Contracted Work Hours:		
List Courses Assigned:		What days and hours have you agreed upon and scheduled with the parent weekly?			What days and hours of service were actually provided during the dates on this timesheet?	
1.	Day	Week 1 Hrs	Week 2 Hrs	Day	Week 1 Hrs	Week 2 Hrs
2.	<input type="checkbox"/> Monday			<input type="checkbox"/> Monday		
3.	<input type="checkbox"/> Tuesday			<input type="checkbox"/> Tuesday		
4.	<input type="checkbox"/> Wednesday			<input type="checkbox"/> Wednesday		
5.	<input type="checkbox"/> Thursday			<input type="checkbox"/> Thursday		
6.	<input type="checkbox"/> Friday			<input type="checkbox"/> Friday		
Was any compensatory instruction provided on this timesheet to make up for days missed? Yes No If yes, please explain:		Total Hrs/Week:		Total Hrs/Week:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		Did the teacher sign the HHB or OCI Itinerant Instructor Agreement before services started? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did the parent/student sign the Family Agreement before services started (HHB only)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Attendance Codes:

- [P]** The student received instructional services for that date
- [B]** The teacher/liaison cancelled HHB instructional services
- [X]** The teacher/liaison cancelled OCI instructional services
- [M]** The parent cancelled the scheduled services for an HHB student due to medical reason
(More than 5 cancellations require documentation from the physician)
- [U]** The parent cancelled the scheduled services for an HHB student for reasons not related to a medical reason, or the parent is refusing services
(More than 5 cancellations initiate a meeting regarding attendance)
- [C]** Compensatory services were provided as make up for previous time missed
- [N]** The parent/student were not present to receive instructional services on the scheduled date/time. (More than 5 cancellations initiate a meeting regarding attendance)

Teachers: Please handwritten the actual service delivery dates, code, times and calculate the total time from arrival to departure. This form will not be accepted if all areas are not filled out with accuracy because it is required documentation as evidence that the student was provided services as scheduled.

Parents: Please sign the timesheet form on the actual date service is provided after instruction is completed and prior to teacher departure. Only student contact time should be documented, regardless if it does not match what was previously scheduled.

Date	Attendance Code	Time of Arrival	Time of Departure	Total Time	Parent Signature	Notes

By signing below, I affirm that an adult specifically responsible for supervision of the student remained during the entire duration of instruction for each time listed above and that all documentation listed reflects accurate provision of services.

The teacher's signature is confirmation that the information provided is accurate and true.	
Teacher Signature:	Date:
The administrator's signature is confirmation that they are monitoring the service provision from the teacher. <i>**Student's zoned school**</i>	
Administrator Signature:	Date:

Please return this timesheet to the student's zoned or program school of attendance/enrollment. Timesheets are utilized by the administrator for monitoring purposes to ensure that services are being provided as indicated on the IEP, Matrix and student schedule. After the school administrator signs the timesheet, it must be forwarded to the Student Support Programs and Services Bookkeeper (Andrea Jackson) for payment and documentation of attendance. A copy must also be placed in the student's red folder as documentation of services provided.

Distribution: Cumulative Folder, SSPS Bookkeeper, Teacher, School Data Entry