



EXCEPTIONAL CHILDREN

Homebound-Hospital Education Center

475 Corporate Square Drive, Winston-Salem, North Carolina 27101

Phone: (336) 727-2083 Fax (336) 661-3079 LEA 340394

Does the home have internet?
Yes ___ No ___
Is there a computer in the home?
Yes ___ No ___

Social Worker's Report

(Must Accompany EC Discipline and Psychiatric Referrals for Homebound Only)

Student ID _____ Student Name _____
 Nickname _____ Last (may be two names) _____ First _____ MI _____

School _____ Grade _____ Date of Birth _____ Age _____ Married _____ YES _____ NO _____

Student's Educational Status (select) Regular Ed _____ Exceptional Children (EC) _____

Parent/ Guardian 1 _____ Parent/ Guardian 2 _____

Home Address _____ Apt _____ City _____ Zip _____

Address for HHEC Service: _____ Same as Home or: _____

Head(s) of Household at Address for HHEC Service: _____ Parent(s)/Guardian(s) or Other Adult: _____

1st Phone: _____ Whose? _____ 2nd Phone: _____ Whose? _____
 3rd Phone: _____ Whose? _____ 4th Phone: _____ Whose? _____

Chaperone 1 _____ 2 _____ Volunteer Needed? _____ YES _____ NO _____
Name and Relationship Name and Relationship

Recommended Site Home _____ Other (see "Address for HHEC Service above") _____

Instructional sites other than a student's or relative's home must be pre-approved. Please call Homebound-Hospital.

Social Worker's Information

School Social Worker Name _____ Contact Date _____

Phone Number _____ Cell Number _____

Recommended Site _____

Other Recommendations:

Social Worker Signature _____ Date _____