

GRANBURY INDEPENDENT SCHOOL DISTRICT

GENERAL EDUCATION HOMEBOUND (GEH) COMMITTEE MEETING

Campus: _____

Student's Name: _____

ID#: _____

DOB: _____

Grade Level: _____

Counselor: _____

Dates of Parent Contact: _____

Days Absent: _____

Days Tardy: _____

Please include all that is applicable:

TAKS Scores: ELA____ M____ SS____ SCI____

Benchmark: ELA____ M____ SS____

RPTE: _____

SCI____

***Please attach a copy of the most recent report card or progress report and a copy of the AGR card (front & back).**

Is the student in any of the following programs?			
ESL	_____	Yes	_____
		No	_____
			GT
		Yes	_____
		No	_____
			Dyslexia
		Yes	_____
		No	_____
<i>(If yes, Refer to Special Education Dept.)</i>			

Student's Strengths:

Area(s) of Concern:

Recommendation of GEH Committee:

Type of Instruction _____ Hours Per Week _____

Date Instruction Begins: _____

Signatures:	Agree	Disagree	Date
_____	_____	_____	_____
Parent			
_____	_____	_____	_____
Campus Administrator/Counselor			
_____	_____	_____	_____
Classroom Teacher			
_____	_____	_____	_____
GEH Campus Coordinator			
_____	_____	_____	_____
GEH Homebound Teacher			