



**Board of Education**

Chair - Gail Ray  
Vice Chair - Dr. Martha Smith  
Mike Benefield  
Bill Johnston  
James Watson

*Dr. Jerry Bell, Superintendent*

**Haralson County Schools will be recognized as a leader in improving student achievement for ALL students.**

**Hospital Homebound Weekly Lesson Plans**

Student's Name \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date to Office \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date Received in Office \_\_\_\_\_

H/H Teacher \_\_\_\_\_ Date Picked Up \_\_\_\_\_ Date returned \_\_\_\_\_

**Subject:**

**Assignments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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**Teacher Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach any assignments that need to be completed by the student. You may email assignments to the specified homebound teacher. Thank you for your cooperation.