



Illinois State Board of Education

100 North First Street, W-270
Springfield, Illinois 62777-0001

HOME/HOSPITAL INSTRUCTION (HHI) WORK SHEET

Summer Term 20 ____ Regular Term 20 ____ - 20 ____

NUTRITION AND WELLNESS DIVISION

This worksheet is used to document the data necessary to demonstrate compliance with Home/Hospital Instruction (HHI). Retain this worksheet locally for audit purposes.

GENERAL EDUCATION OR SPECIAL EDUCATION 1	NAME OF STUDENT RECEIVING HHI 2	STUDENT FULL TIME EQUIVALENT {FTE} 3	NAME OF TEACHER PROVIDING HHI 4	IEIN OF TEACHER PROVIDING HHI 5
<input type="checkbox"/> GENERAL EDUCATION <input type="checkbox"/> SPECIAL EDUCATION				
<input type="checkbox"/> GENERAL EDUCATION <input type="checkbox"/> SPECIAL EDUCATION				
<input type="checkbox"/> GENERAL EDUCATION <input type="checkbox"/> SPECIAL EDUCATION				
<input type="checkbox"/> GENERAL EDUCATION <input type="checkbox"/> SPECIAL EDUCATION				
<input type="checkbox"/> GENERAL EDUCATION <input type="checkbox"/> SPECIAL EDUCATION				
<input type="checkbox"/> GENERAL EDUCATION <input type="checkbox"/> SPECIAL EDUCATION				
<input type="checkbox"/> GENERAL EDUCATION <input type="checkbox"/> SPECIAL EDUCATION				
<input type="checkbox"/> GENERAL EDUCATION <input type="checkbox"/> SPECIAL EDUCATION				
<input type="checkbox"/> GENERAL EDUCATION <input type="checkbox"/> SPECIAL EDUCATION				
<input type="checkbox"/> GENERAL EDUCATION <input type="checkbox"/> SPECIAL EDUCATION				
<input type="checkbox"/> GENERAL EDUCATION <input type="checkbox"/> SPECIAL EDUCATION				
<input type="checkbox"/> GENERAL EDUCATION <input type="checkbox"/> SPECIAL EDUCATION				