

**FAIRPORT CENTRAL SCHOOL DISTRICT
HOME INSTRUCTION SCHOOL YEAR 20__-20__**

Grade 1-3 Annual Evaluation

Use this form (or one similar) to submit a written narrative for students in grades 1-3.

Student's Name _____ Date of Birth _____ Grade Level _____

Address _____ Phone Number _____

Email Address _____

Name of Instructor _____ Total Hours for the Year _____

The student has satisfied the Hours of Instruction for the school year. Yes () or No ()
Required: **900 hours for grades 1-6.**

A written narrative shall certify that the child has made adequate academic progress or that the child has failed to make adequate progress. In the event that such child has failed to make adequate progress, the home instruction program shall be placed on probation pursuant with the New York State Regulations Part 100.10

| <i>Subject</i> | <i>Description of Materials Covered and Written Narrative or Achievement Tests</i> | <i>Achievement Scores</i> |
|-----------------------|---|----------------------------------|
| | | |
| | | |
| | | |

OFFICE OF LEARNING & SCHOOL IMPROVEMENT SERVICES

MONROE ONE

11 Linden Park Rochester 14625

p: (585) 383-6411 • (585) 383-6412 • www.monroe.edu

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Signature of Instructor_____Date _____

OFFICE OF LEARNING & SCHOOL IMPROVEMENT SERVICES

MONROE ONE
 11 Linden Park Rochester 14625
 p: (585) 383-6411 • (585) 383-6412 • www.monroe.edu