

Fairport Central School District 20__-20__ Individual Home Instruction Plan (IHIP) Cover Sheet

Student Name_____Date of Birth_____Grade_____

Age_____

Names of Individuals Providing Instruction_____

Address_____Email Address_____

Date_____Phone Number_____Signature_____

Dates for Quarterly Reports Submittal:

1st Quarter ____/____/____

2nd Quarter ____/____/____

3rd Quarter ____/____/____

4th Quarter ____/____/____

Final Assessment ____/____/____

Returning Students: Please submit this document no later than August 15th

New to Home Instruction: Please submit within 4 weeks from the date of your Letter of Intent

IHIP must contain

1. *The child's name, age, and grade level;*
2. *A list of the syllabi, curriculum materials, textbooks, or plan of instruction to be used in each of the required subjects listed in C.R. 100.10;*
3. *The dates for submission to the school district of the parents' quarterly reports as required in the New York State Regulations 100.10. These reports shall be spaced in even and logical periods;*
4. *The names of the individuals providing instruction.*

You may use an alternate form/template for the IHIP, so long as it contains all required information set forth by the New York State Regulations.

OFFICE OF LEARNING & SCHOOL IMPROVEMENT SERVICES

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**FAIRPORT CENTRAL SCHOOL DISTRICT
INDIVIDUAL HOME INSTRUCTION PLAN FOR 20__-20__
GRADES 1-6**

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

Address _____ Phone Number _____

Email Address _____

Name of Individuals Providing Instruction _____

In the spaces provided below, please describe the student's IHIP for the current school year as required in Section 100.10 of the Commissioner's Regulation.

<i>Subject</i>	<i>A list of syllabi, curriculum materials, textbooks or plan of instruction</i>
Math	
Reading	
Spelling	
Writing	

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English	
Science	
History	
Health	
Visual Arts	
Physical Education	
Music	

Signature of Instructor _____ Date _____

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