

## Webster 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:

1 <sup>st</sup> Quarter	___/___/___
2 <sup>nd</sup> Quarter	___/___/___
3 <sup>rd</sup> Quarter	___/___/___
4 <sup>th</sup> 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.*

**WEBSTER 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	

**OFFICE OF LEARNING & SCHOOL IMPROVEMENT SERVICES**

MONROE ONE

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English	
Science	
History	
Health	
Visual Arts	
Physical Education	
Music	

Signature of Instructor \_\_\_\_\_ Date \_\_\_\_\_

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