

# Fairport Central School District 20\_\_\_-20\_\_\_ Individual Home Instruction Plan (IHIP) Cover Sheet

Student Name		Date of Birth	Grade	
Age				
Names of Individua	als Providing Instru	ction		
Address		Email Address		
Date	Phone Number	Signa	ture	
	1 <sup>st</sup> Quarter 2 <sup>nd</sup> Quarter 3 <sup>rd</sup> Quarter	rterly Reports \$	Submittal:	

**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



# FAIRPORT SCHOOL DISTRICT INDIVIDUAL HOME INSTRUCTION PLAN FOR 20\_\_- 20\_\_ GRADES 7-8

Student's Nam	e	_ Date of Birth	Grade Level		
Address		Phone Number			
Email Address					
Name of Indivi	duals Providing Instruct	ion			
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.					
Subject	A list of syllabi, curriculun	n materials, textbooks or	r plan of instruction		
English (2 units)					
History/ Geography (2 units)					
Science (2 units)					
Mathematics (2 units)					

Physical Education		
Health Education		
Art (1/2 unit)		
Music (1/2 unit)		
Practical Arts		
Library Skills		
Other Comments		
Signature of Insti	ructor	Date

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