

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

Student Name		Date of Birth	Grade
Age			
Names of Indiv	iduals Providing Instruct	ion	
Address	Email Address		
Date	Phone Number	Signa	ature

## **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.

OFFICE OF LEARNING & SCHOOL IMPROVEMENT SERVICES



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

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.

Subject	A list of syllabi, curriculum materials, textbooks or 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 Instructor \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE OF LEARNING & SCHOOL IMPROVEMENT SERVICES

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