

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

Student Name		Date of B	irth	Grade	_
Age					
Names of Individu	als Providing Instruc	ction			
Address		Email A	ddress		
Date	Phone Number		Signatu	re	
	1 <sup>st</sup> Quarter 2 <sup>nd</sup> Quarter	//		ıbmittal:	
	3 <sup>rd</sup> Quarter 4 <sup>th</sup> Quarter Final Assessm	//			

**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



# **EAST IRONDEQUOIT CENTRAL SCHOOL DISTRICT** INDIVIDUAL HOME INSTRUCTION PLAN FOR 20\_\_ - 20\_\_ **GRADES 9-12**

Student's Name		_ Date of Birth	Grade Level	
Address		Pho	Phone Number	
Email Address				
Name of Indivi	duals Providing Instruction			
	provided below, please des ed in Section 100.10 of the		IHIP for the current school gulation.	
Subject	A list of syllabi, curriculum	materials, textbooks	or plan of instruction	
English (4Units)				
Social Studies (4 Units)				
Mathematics (2 Units)				
Science (2 Units)				

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Art or Music (1 Unit)				
Health (1/2 Unit)				
Physical Education (2Units)				
Electives (3 Units)				
Signature of Instructor Date				
A Unit is 6,480 mi which they are lis	nutes of instruction per year. The Units are cumulative requirements for all the grades in red.			
If the student will institution:	be meeting any of the above requirements through full-time study at a degree-granting			
Name of Instit	ution:			
Subjects Cove	red:			
Signature of Instructor Date				

## **OFFICE OF LEARNING & SCHOOL IMPROVEMENT SERVICES**

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