

Honeoye Falls-Lima Central School District 20___-20___ Individual Home Instruction Plan (IHIP) Cover Sheet

Student Name	Date of Birth	Grade	
Age			
Names of Individuals Providing Ins	truction		
Address	Email Address		
DatePhone Numbe	erSigna	ature	
1 st Quarte 2 nd Quarte 3 rd Quarte	er//er/er/er/er//	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



HONEOYE FALLS-LIMA CENTRAL SCHOOL DISTRICT INDIVIDUAL HOME INSTRUCTION PLAN FOR 20__- 20__ GRADES 9-12

Student's Nam	e	_ Date of Birth_	Grade Level		
Address			Phone Number		
Email Address					
Name of Indivi	duals 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 i	materials, textbo	ooks or plan of instruction		
English (4Units)					
Social Studies (4 Units)					
Mathematics (2 Units)					
Science (2 Units)					

OFFICE OF LEARNING & SCHOOL IMPROVEMENT SERVICES

Art or Music (1 Unit)			
Health (1/2 Unit)			
Physical Education (2Units)			
Electives (3 Units)			
Signature of Ins	tructor	Date	
A Unit is 6,480 mi which they are list		are cumulative requirements for all the grades in	
If the student will institution:	be meeting any of the above requirement	ents through full-time study at a degree-granting	
Name of Institution:			
Subjects Covered:			
Signature of Instructor Date			

OFFICE OF LEARNING & SCHOOL IMPROVEMENT SERVICES