

Webster Central School District 20__-20__ Individual Home Instruction Plan (IHIP) Cover Sheet

Student Name	Date of BirthGrade		
Age			
Names of Individu	ls Providing Instruction	_	
Address	Email Address		
Date	Phone NumberSignature		
	Dates for Quarterly Reports Submittal: 1st Quarter/ 2nd Quarter/ 3rd Quarter/ 4th 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.

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Grade Level



Student's Name

WEBSTER CENTRAL SCHOOL DISTRICT INDIVIDUAL HOME INSTRUCTION PLAN FOR 20__- 20__ GRADES 9-12

Date of Birth

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, textb	ooks 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 Ins	tructor	Date		
A Unit is 6,480 minutes of instruction per year. The Units are cumulative requirements for all the grades in which they are listed.				
If the student will be meeting any of the above requirements through full-time study at a degree-granting institution:				
Name of Institution:				
Subjects Covered:				
Signature of Instructor Date				

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