

**FAIRPORT CENTRAL SCHOOL DISTRICT
INDIVIDUAL HOME INSTRUCTION PLAN FOR 20__ - 20__
QUARTERLY REPORT for __ 1st, __ 2nd, __ 3rd, or __ 4th Quarter
GRADES 7-8**

Student's Name _____ Date of Birth _____ Grade Level _____

Address _____ Phone Number _____

Email Address _____

Number of hours of instruction this quarter _____ Absences this quarter _____

Cumulative hours to date _____ Absences to date _____

We have covered at least 80% of the planned material for this quarter: Yes [☐] No [☐]

Please write a narrative evaluation or include a numerical or letter grade, and if necessary, attach any additional forms.

<i>Subject</i>	<i>Curriculum materials / Instruction/ Narrative Evaluation</i>	<i>Grade</i>
English		
History		
Science		

OFFICE OF LEARNING & SCHOOL IMPROVEMENT SERVICES

MONROE ONE

11 Linden Park Rochester 14625

p: (585) 383-6411 • (585) 383-6412 • www.monroe.edu

<i>Subject</i>	<i>Curriculum Materials / Instruction/ Narrative Evaluation</i>	<i>Grade</i>
Mathematics		
Physical Education		
Art		
Health Education		
Library Skills		
Music		
Practical Arts		
Other Comments		

Signature of Instructor _____ Date _____
