

**FAIRPORT CENTRAL SCHOOL DISTRICT  
INDIVIDUAL HOME INSTRUCTION PLAN FOR 20\_\_ - 20\_\_  
QUARTERLY REPORT for \_\_ 1<sup>st</sup>, \_\_ 2<sup>nd</sup>, \_\_ 3<sup>rd</sup>, or \_\_ 4<sup>th</sup> Quarter  
GRADES 1-6**

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>
Math		
Reading		
Spelling		

**OFFICE OF LEARNING & SCHOOL IMPROVEMENT SERVICES**

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<i>Subject</i>	<i>Curriculum Materials / Instruction /Narrative Evaluation</i>	<i>Grade</i>
English		
Science		
Health		
History		
Music		
Visual Arts		
Physical Education		

Signature of Instructor \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_