

**INDIVIDUALIZED HOME INSTRUCTION PLAN
(IHIP)**

DATE

NAME OF CHILD: _____

ADDRESS: _____ DOB: _____

SCHOOL DISTRICT: _____ GRADE LEVEL _____

DATES FOR THE SUBMITTAL OF QUARTERLY REPORTS

___/___/___ 1st quarter

___/___/___ 2nd quarter

___/___/___ 3rd quarter

___/___/___ 4th quarter

PARENT SIGNATURE

SCHOOL DISTRICT REPRESENTATIVE

INSTRUCTOR SIGNATURE

Listed below are the subjects of instruction required of students in grades one through six. The page that follows is provided as a model to assist you to develop your individualized home instruction plan. A separate page should be used for each subject taught. Copies of these pages can be used as a part of the required quarterly report.

Subjects

Grades K-6

Other Requirements

Math

Patriotism/Citizenship

Reading

Alcoh./Drugs/Tobacco

Spelling

Bicycle/Highway Safety

Writing

Fire & Arson Prev. Safety

English Language

Geography

U. S. History

Science

Health

Music

Visual Arts

Physical Ed.

**Quarterly Report
Information**

Plan of Instruction	Materials/Evaluation	Hrs. of Inst.	% of Content Covered	<u>Grade</u>
Content Area: (List the subject)				
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				

Student Last Name

School Year

Home Instruction Worksheet

___/___/___

Date parent notified school district personnel of
their intention to home instruct their child

___/___/___

Date parent will commence home instruction

Name of Student

Age

Date of Birth

Street Address

City/Town

Zip Code

Student's Grade Equivalent

Dates of Submittal of
Quarterly Reports

___/___/___ 1st quarter
___/___/___ 2nd quarter
___/___/___ 3rd quarter
___/___/___ 4th quarter

Individual Providing Instruction

Individual Submitting Qtrly Report

Dates of Submittal of
Attendance Reports

___ Commercial ___ Narrative
___ Test ___ Report

___/___/___ 1st quarter
___/___/___ 2nd quarter
___/___/___ 3rd quarter
___/___/___ 4th quarter

Type of Annual Assessment

___/___/___ Dt. of Annual
Assess. Test

Name of Commercial Test(if approp.)

___/___/___ Dt. of Annual
Assessment
Submission to
Supt.

Test Administrator (if approp.)

Testing Site (if approp.)

___/___/___ Date of IHIP
Submission

Evaluator (Scoring) (if approp.)

___/___/___ IHIP
Complies

Parent Signature

___/___/___ IHIP is
out of
Compliance

Signature of Superintendent

___/___/___ Date of IHIP
Resubmission

Parent Signature

___/___/___ Date of
Receipt of
Revised IHIP

Signature of School Personnel

___/___/___ IHIP
Complies

Signature of Superintendent

___/___/___ IHIP is
out of
Compliance

___/___/___ Next Board of Education Mtg. 10-day hence