

**INDIVIDUALIZED HOME INSTRUCTION PLAN
(IHIP)**

DATE: _____

NAME OF STUDENT: _____

ADDRESS: _____

DATE OF BIRTH: _____

GRADE LEVEL: _____

SCHOOL DISTRICT: Honeoye Falls – Lima

DATES FOR THE SUBMITTAL OF QUARTERLY REPORTS

1st Quarter _____/_____/_____

2nd Quarter _____/_____/_____

3rd Quarter _____/_____/_____

4th Quarter _____/_____/_____

Parent Signature

Instructor Signature

School District Representative Signature

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Name of Student: _____

Grade Curriculum: _____

Hours Per Day _____

SUBJECT

MATERIALS TO BE COVERED
(Name of Book, Publisher, Chapters/Pages Covered)

Math	
Reading	
Spelling	
Writing & English Language	
Geography & History	
Science	
Health Education	
Music	
Visual Arts	
Physical Education	
Other	