

Individualized Home Instruction Plan (IHIP)

Student Record Sheet

Grades 1-6

School Year: _____

Student Name:

Parent:

Student Address:

Phone Number:

Date of Birth:

Grade Level:

Letter of Intent: yes no

| Subject | IHIP | 1 | 2 | 3 | 4 |
|----------------|-------------|----------|----------|----------|----------|
| Math | | | | | |
| Reading | | | | | |
| Spelling | | | | | |
| Writing | | | | | |
| Geography | | | | | |
| History | | | | | |
| Science | | | | | |
| Health | | | | | |
| Music | | | | | |
| Art | | | | | |
| PE | | | | | |
| Other: | | | | | |
| | | | | | |
| | | | | | |

Year-end assessment reports: yes no