

Individualized Home Instruction Plan (IHIP)

Student Record Sheet

Grades 7-12

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
English					
Geography/History*					
Science					
Math					
PE					
Health					
Art (.5)					
Music (.5)					
Practical Arts (Home Ec)					
Library Skills					
Elective					

Year-end assessment reports: yes no