

**VICTOR CENTRAL SCHOOL
INDIVIDUALIZED HOME INSTRUCTION PLAN (IHIP)
COVER SHEET**

School Year: _____

GRADES 1-6

Date:
Name of Child:
Address:
Phone:
Date of Birth:
Grade Level:

DATES FOR THE SUBMITTAL OF QUARTERLY REPORTS

Please enter the dates you wish to submit your quarterly reports below:

First Quarter _____

Second Quarter _____

Third Quarter _____

Fourth Quarter _____

Parent Signature

Instructor Signature

School District Representative

**VICTOR CENTRAL SCHOOL
INDIVIDUALIZED HOME INSTRUCTION PLAN**

GRADES 1-6

School Year: _____

Student Name:	Grade:
Address:	
Phone:	DOB:

Required Subjects for Grades 1-6:

Subject:	Plan/Materials
Math	
Reading	
Spelling	
Writing	
Geography	
History	
Science	
Health	
Music	
Art	
PE	
Other:	

