



953 High Street, Victor, New York 14564 www.victorschools.org p 585.924.3252 f 585.742.7020

Karen Finter, *Assistant Superintendent for Instruction*

INDIVIDUALIZED HOME INSTRUCTION PLAN (IHIP Part 1)
GRADES 1-6
(Complete ONE form per student)

School Year _____

Name of Student: _____
Grade Level: _____ DOB: _____ Age: _____
Parents/ Guardians Name: _____
Address: _____
City, State, Zip Code: _____
Email Address: _____ Phone Number: _____

DATES FOR THE SUBMITTAL OF QUARTERLY REPORTS

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

Suggested Month

First Quarter (November) _____

Second Quarter (January) _____

Third Quarter (April) _____

Fourth Quarter (June) _____

Projected Annual Assessment(s) _____ Narrative _____ Normal Assessment
(SAT, CAT, NYS Regents, Other)

Parent Signature

Date

*Please download and complete the forms. Email as an attachment.
Attach additional pages as necessary.*



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INDIVIDUALIZED HOME INSTRUCTION PLAN (IHIP- Part 2) GRADES 1-6

Required Subjects for Grades 1-6:

Required Subjects	Units/ Credits	Plan/Materials -List textbook titles, curriculum, web addresses, or plans of instructions for each subject. Attach additional sheets as necessary
Math		
Reading		
Spelling		
Writing		
Geography		
History		
Science		
Health		
Music		
Art		
PE		
Other:		
Notes:		