West Irondequoit Central School District

HOME INSTRUCTION SHEET

_____School Year

____/____/____ Date parent/guardian notified School District personnel of their intention to home instruct their child.
____/____/____ Date parent/guardian will commence home instruction.

_____ _____ _____
Name of Student Age Date of Birth

_____ _____ _____
Address City/Town Zip Code

_____
Student's Grade Equivalent

_____
Individual Providing Instruction

_____
Individual Submitting Quarterly Report

_____ Commercial Test _____ Narrative Report

Dates of Submittal of Quarterly Reports

____/____/____ 1st quarter
____/____/____ 2nd quarter
____/____/____ 3rd quarter
____/____/____ 4th quarter

Dates of Submittal of Attendance Reports

____/____/____ 1st quarter
____/____/____ 2nd quarter
____/____/____ 3rd quarter
____/____/____ 4th quarter

_____
Type of Annual Assessment

_____
Name of Commercial Test (if appropriate)

_____
Test Administrator (if appropriate)

____/____/____ Date of Annual Assessment

____/____/____ Date of Annual Assessment Submission to Superintendent

_____
Testing Site (if appropriate)

_____
Testing Evaluator (Scoring) (if appropriate)

_____
Parent/Guardian Signature

____/____/____ Date of IHIP Submission
____/____/____ IHIP Complies
____/____/____ IHIP is out of Compliance

_____
Signature of Superintendent

_____
Parent/Guardian Signature

____/____/____ Date of IHIP Resubmission
____/____/____ Date of Receipt of Revised IHIP

_____
Signature of School Personnel

_____
Signature of Superintendent

____/____/____ IHIP Complies
____/____/____ IHIP is out of Compliance

____/____/____ Next Board of Education meeting 10-day hence