



Individualized Home Instruction Plan (IHIP) Cover Sheet

Date: _____

Name of Child: _____

Address: _____

Email Address: (optional) _____

Age: _____ DOB: (optional) _____ Grade _____

Home Phone: (optional) _____ Cell Phone: (optional) _____

School District: Eden Central School

Suggested submittal dates for
Quarterly Reports:

Dates selected by parent for
Quarterly Reports:

1st Quarter - 11-08-24

2nd Quarter - 01-24-25

3rd Quarter - 04-18-25

4th Quarter - 06-20-25

Parent Name (please print) _____

Parent Signature _____

Instructor Name (please print) _____

Instructor Signature _____

School District Representative: _____