

**Wheatland-Chili Central School District Home Schooling**  
13 Beckwith Avenue, Scottsville NY 14546

**INDIVIDUALIZED HOME INSTRUCTION PLAN (IHIP – PART 1)**  
(ONE form per student)

Name of Student: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_

Instructor(s): \_\_\_\_\_

**Dates for Submittal of Quarterly Reports**

	Suggested	Actual
1 <sup>st</sup> Quarter	Nov	
2 <sup>nd</sup> Quarter	Jan	
3 <sup>rd</sup> Quarter	Apr	
4 <sup>th</sup> Quarter	Jun	

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home School Administrator

\_\_\_\_\_  
Date

