



## 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:

1<sup>st</sup> Quarter - 11-14-25

\_\_\_\_\_

2<sup>nd</sup> Quarter - 01-23-26

\_\_\_\_\_

3<sup>rd</sup> Quarter - 04-17-26

\_\_\_\_\_

4<sup>th</sup> Quarter - 06-19-26

\_\_\_\_\_

Parent Name (please print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Instructor Name (please print) \_\_\_\_\_

Instructor Signature \_\_\_\_\_

School District Representative: \_\_\_\_\_