Individualized Home Instruction Plan (IHIP)

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	-	11-13-26	_____
2nd Quarter	-	01-22-27	_____
3rd Quarter	-	04-16-27	_____
4th Quarter	-	06-18-27	_____

Parent Name (please print) _____

Parent Signature _____

Instructor Name (please print) _____

Instructor Signature _____

School District Representative: _____