NOTICE OF INTENT
INSTRUCTION OF STUDENT AT HOME

Madison Public Schools

Name of Student: _____ Date of Birth: _____

Address: _____ School Year: _____

_____ Grade: _____

Telephone: _____

Name of Educational Program Used: _____

Name of Teacher: _____ Phone: _____

Address: _____

_____

REQUIRED SUBJECTS TO BE TAUGHT:

SUBJECT	YES	NO
Reading		
Writing		
Spelling		
English Grammar		
Geography		
Mathematics		
Science		
U.S. History		
Citizenship (including a study of Town, State and Federal Governments)		
Other (Optional but please specify)		

Total number of days scheduled for instruction: _____

Teacher's methods of assessment of student progress:

An annual Portfolio Review will be held on or about:

_____
(Date)

Completed forms must be returned to:
Madison Public Schools, Office of the Superintendent, 10 Campus Drive, Madison, CT 06443

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Student's Name: _____

I acknowledge and accept full responsibility for the education of my child in accordance with the requirements of state law.

_____ _____
(Parent/Guardian Signature) (Date)

I acknowledge receipt of this form and render no opinion as to the appropriateness of the planned program.

_____ _____
(Superintendent of Schools) (Date)

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HOME INSTRUCTION PROGRAM

ANNUAL REPORT

STUDENT: _____ GRADE LEVEL: _____

School Year: _____ Date Submitted: _____

Required Home Instruction Subjects	Grade Completed	Comments
Reading		
Writing		
Spelling		
English Grammar		
Geography		
Mathematics		
U.S. History		
Citizenship (Including a study of town, state, and federal governments)		
Science		
Other		
Field Trips		

Achievement Testing:	Date Administered:
Other Method of Assessment:	
Teacher's Method of Assessment:	

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