

INDIVIDUALIZED HOME INSTRUCTION PLAN (IHIP)

COVER SHEET

Date: \_\_\_\_\_

For School Year Beginning: \_\_\_\_\_

For School Year Ending: \_\_\_\_\_

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

Quarterly Reports will be submitted as follows:

1<sup>st</sup> Quarter:     /     /

2<sup>nd</sup> Quarter:    /     /

3<sup>rd</sup> Quarter:    /     /     (annual assessment arrangements included)

4<sup>th</sup> Quarter:    /     /

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

\_\_\_\_\_  
Signature/Home School Instructor  
(if not parent)