

INDIVIDUALIZED HOME INSTRUCTION PLAN (IHIP)

_____ Academic Grading Calendar

Date: _____

Name Of Child: _____

Date of Birth: _____

Address: _____

School District: Hartford Central School District

Grade Level: _____

DATES FOR THE SUBMITTAL OF QUARTERLY REPORTS

1st Quarter

2nd Quarter

3rd Quarter

4th Quarter

Parent Signature

School District Representative

Instructor's Signature