

Pittsford Central School District 20___-20___ Individual Home Instruction Plan (IHIP) Cover Sheet

Student Name		Date of Birth	Grade			
Age						
Names of Individuals Providing Instruction						
Address	Email Address					
Date	Phone Number	Signa	ature			

Dates for Quarterly Reports Submittal:

1 st Quarter//	
2 nd Quarter//	
3 rd Quarter//	
4 th Quarter//	
Final Assessment//	

Returning Students: Please submit this document no later than August 15th **New to Home Instruction:** Please submit within 4 weeks from the date of your Letter of Intent

IHIP must contain

- 1. The child's name, age, and grade level;
- 2. A list of the syllabi, curriculum materials, textbooks, or plan of instruction to be used in each of the required subjects listed in C.R. 100.10;
- 3. The dates for submission to the school district of the parents' quarterly reports as required in the New York State Regulations 100.10. These reports shall be spaced in even and logical periods;
- 4. The names of the individuals providing instruction.

You may use an alternate form/template for the IHIP, so long as it contains all required information set forth by the New York State Regulations.

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PITTSFORD CENTRAL SCHOOL DISTRICT INDIVIDUAL HOME INSTRUCTION PLAN FOR 20___ 20___ GRADES 9-12

Student's Name _____ Date of Birth_____ Grade Level _____

Address_____ Phone Number _____

Email Address _____

Name of Individuals Providing Instruction ____

In the spaces provided below, please describe the student's IHIP for the current school year as required in Section 100.10 of the Commissioner's Regulation.

Subject	A list of syllabi, curriculum materials, textbooks or plan of instruction
English (4Units)	
Social Studies (4 Units)	
Mathematics (2 Units)	
Science (2 Units)	

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Art or Music (1 Unit)				
Health (1/2 Unit)				
Physical Education (2Units)				
Electives (3 Units)				
Signature of Ins	tructor	Date		
A Unit is 6,480 minutes of instruction per year. The Units are cumulative requirements for all the grades in which they are listed.				
If the student will institution:	be meeting any of the above requirement	s through full-time study at a degree-granting		
Name of Institution:				
Subjects Covered:				
Signature of In	istructor	Date		

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