



**FAIRPORT CENTRAL SCHOOL DISTRICT
INDIVIDUAL HOME INSTRUCTION PLAN FOR 20__-20__
QUARTERLY REPORT for __ 1st, __ 2nd, __ 3rd, or __ 4th
GRADES 9-12**

Student's Name _____ Date of Birth _____ Grade Level _____

Address _____ Phone Number _____

Email Address _____

Number of hours of instruction this quarter _____ Absences this quarter _____

Cumulative hours to date _____ Absences to date _____

We have covered at least 80% of the planned material for this quarter: Yes [] No []

Please write a narrative evaluation or include a numerical or letter grade, and if necessary, attach any additional forms.

<i>Subject</i>	<i>Curriculum materials / Instruction/ Narrative Evaluation</i>	<i>Grade</i>
English		
Social Studies		
Science		

OFFICE OF LEARNING & SCHOOL IMPROVEMENT SERVICES

MONROE ONE

11 Linden Park Rochester 14625

p: (585) 383-6411 • (585) 383-6412 • www.monroe.edu

<i>Subject</i>	<i>Curriculum Materials / Instruction/ Narrative Evaluation</i>	<i>Grade</i>
Mathematics		
Art/Music		
Health		
Physical Education		
Electives		

Signature of Instructor _____ Date _____

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