



**FAIRPORT CENTRAL SCHOOL DISTRICT
INDIVIDUAL HOME INSTRUCTION PLAN FOR 20__ - 20__
QUARTERLY REPORT for __ 1st, __ 2nd, __ 3rd, or __ 4th Quarter
GRADES 1-6**

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>
Math		
Reading		
Spelling		



<i>Subject</i>	<i>Curriculum Materials / Instruction /Narrative Evaluation</i>	<i>Grade</i>
English		
Science		
Health		
History		
Music		
Visual Arts		
Physical Education		

Signature of Instructor _____

Date _____
