



**EAST IRONDEQUOIT CENTRAL SCHOOL DISTRICT
INDIVIDUAL HOME INSTRUCTION PLAN FOR 20__-20__
Annual Evaluation**

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

Address _____ Phone Number _____

Email Address _____

Name of Instructor _____ Total Hours for the Year _____

The student has satisfied the Hours of Instruction for the school year. Yes () or No ()
900 hours for grades 1-6 or 990 hours grades 7-12.

Please submit a Written Narrative Evaluation or Achievement Test Scores for the student's annual evaluation. For students in grades 4-8 a Narrative Evaluation may be used every other year and for grades 9-12 an achievement test is the only acceptable form of Annual Assessment.

<i>Subject</i>	<i>Description of Materials Covered and Written Narrative or Achievement Tests</i>	<i>Achievement Scores</i>

REGIONAL PROGRAMS AND SERVICES

Signature of Instructor _____ Date _____