

HOMESCHOOLING  
**INDIVIDUALIZED HOME INSTRUCTION PLAN (IHIP)**  
 GRADES \_\_\_\_\_ UNITS OF CUMULATIVE REQUIREMENTS  
 SCHOOL YEAR 20\_\_-20\_\_

<b>CHILD'S INFORMATION</b>		
<b>Name:</b>	<b>Age/Date of Birth:</b>	<b>Grade Level:</b>
<b>Address:</b>	<b>Apt:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>PARENT'S INFORMATION</b>		
<b>Name:</b>	<b>Home Telephone:</b>	
<b>E-mail Address:</b>	<b>Cell Phone:</b>	
<b>Fax #:</b>	<b>Emergency Contact:</b>	

<b>SUBJECTS</b>	Syllabi, Curriculum Materials, Textbooks or Plan of Instruction
<b>Math</b>	
<b>English Language Arts</b>	
<b>Reading</b>	
<b>Writing</b>	
<b>Spelling</b>	

<b>U.S. History</b>	
<b>Geography</b>	
<b>Science</b>	
<b>Health</b>	
<b>Physical Education</b>	
<b>Visual Arts</b>	
<b>Music</b>	
<b>Other:</b> Patriotism, Citizenship, Health Ed on Alcohol, Drug & Tobacco Misuse, Highway Safety, Traffic Regulation & Bicycle Safety, Fire & Arson, Prevention & Safety	.
<b>Bilingual Education</b> (if necessary)	N/A

**DATES OF QUARTERLY REPORTS:**

- 1<sup>ST</sup> November
- 2<sup>ND</sup> January
- 3<sup>RD</sup> April
- 4<sup>TH</sup> June

**INSTRUCTORS:**

**SIGNATURES OF PARENTS:**

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