

**\*\* Worksheet to be submitted with IHIP \*\***

**Individualized Home Instruction Plan**  
(IHIP)

**Date:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade:** \_\_\_\_\_

**Student's Special Ed. Classification** (if applicable): \_\_\_\_\_

**Name of Parent:** \_\_\_\_\_ **Individual Providing Instruction:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Telephone number(s):** \_\_\_\_\_ **Home Zone School:** \_\_\_\_\_

**Dates for the Submittal of Quarterly Reports:** \*\*These reports shall be spaced in even and logical periods. \*\*

\_\_\_\_/\_\_\_\_/\_\_\_\_ **1<sup>st</sup> quarter**                      \_\_\_\_/\_\_\_\_/\_\_\_\_ **3<sup>rd</sup> quarter**

\_\_\_\_/\_\_\_\_/\_\_\_\_ **2<sup>nd</sup> quarter**                      \_\_\_\_/\_\_\_\_/\_\_\_\_ **4<sup>th</sup> quarter**

**Annual Assessment:** \*\* As required by the Commissioner's Regulations, contingent upon your child's grade level, an annual assessment (standardized test) or written narrative evaluation is required. \*\*

1. Will the student be tested in the public school at the time of the school's testing program?  
(Request for testing must be indicated in the child's IHIP.)  
 Yes                       No

**If no, please complete Section 2**

**2. Other Type of Annual Assessment**

\_\_\_\_\_ **Parent will submit score sheet of Standardized Test**

\_\_\_\_\_  
**Name of Test**

\_\_\_\_\_  
**Test Administrator (Superintendent approval required)**

\_\_\_\_\_  
**Testing Site**

\_\_\_\_\_  
**Proposed Date of Test**

\_\_\_\_\_ **Written Narrative** \*\* To be submitted at the time of filing the 4<sup>th</sup> quarterly report or by June 30. \*\*

\_\_\_\_\_  
**Certified Teacher Name** (Superintendent approval required)

**OR**

\_\_\_\_\_  
**Peer Group Review Panel** (Superintendent approval required)

**Parent Signature:** \_\_\_\_\_