

Northeastern Clinton Central School

Individualized Home Instruction Plan

(IHIP) Grades 9-12

Complete the following IHIP and return within four weeks of filing letter of intent to:

Heidi Sample, Homeschool Coordinator
Rouses Point Elementary School
80 Maple Street
Rouses Point, NY 12979
homeschool@nccscougar.org

Date Received: _____

Name of Student: _____ Student's Grade _____

Student's Birth Date: ____/____/____ City/State of Birth: _____

Name of BOTH Parents/Guardians: _____

Mailing Address: _____

City/State: _____ Zip: _____ Home Phone: _____

Parents' E-mail address: _____

Name of person providing Home Instruction: _____

Address (if different than above): _____

CHOOSE Dates for Quarterly Reports	OR	Suggested Dates for Quarterly Reports
____/____/____ 1 st quarter		November 15 th 1 st quarter
____/____/____ 2 nd quarter		January 31 st 2 nd quarter
____/____/____ 3 rd quarter		April 15 th 3 rd quarter
____/____/____ 4 th quarter		June 30 th 4 th quarter

PROJECTED plan for annual assessment

Name of Standardized Test (Annual Assessment): _____

Parent/Guardian Signature

Date

School District Representative

Date