

INDIVIDUALIZED HOME INSTRUCTION PLAN
(IHIP)

NAME OF CHILD: _____

DATE: _____

ADDRESS: _____ DOB: _____

SCHOOL

DISTRICT: _____ GRADE LEVEL: _____

DATES FOR SUBMITTAL OF QUARTERLY REPORTS TO DISTRICT:

_____ 1ST QUARTER

_____ 2ND QUARTER

_____ 3RD QUARTER

_____ 4TH QUARTER

INDIVIDUAL RESPONSIBLE FOR PROVIDING INSTRUCTION: _____

PARENT SIGNATURE

SCHOOL DISTRICT REPRESENTATIVE

INSTRUCTOR SIGNATURE

