

MINISINK VALLEY CENTRAL SCHOOL DISTRICT

**INDIVIDUALIZED HOME INSTRUCTION PLAN
(IHIP)**

School Year _____ **Grade Level** _____

Name of Child _____ **Date of Birth** _____

Name of Parent(s) _____

Address _____

Telephone _____

Dates For the Submission of Quarterly Reports

11/04/2005 First Quarter

01/20/2006 Second Quarter

04/12/2006 Third Quarter

06/16/2006 Fourth Quarter

Parent Signature(s) _____

School Representative _____

Instructor (If applicable) _____