

CHATHAM CENTRAL SCHOOLS



INDIVIDUALIZED HOME INSTRUCTION PLAN
(IHIP)

DATE

NAME OF CHILD: _____

AGE: _____

ADDRESS: _____

DOB: _____

PHONE: _____

SCHOOL DISTRICT: _____

GRADE LEVEL

DATES FOR THE SUBMITTAL OF QUARTERLY REPORTS

___/___/___ 1st Quarter

___/___/___ 2nd Quarter

___/___/___ 3rd Quarter

___/___/___ 4th Quarter

PARENT SIGNATURE

SCHOOL DISTRICT REPRESENTATIVE

INSTRUCTOR SIGNATURE

PLEASE RETURN TO: JEAN SCHERIFF, ED.D.
DIRECTOR OF PUPIL SERVICES
CHATHAM CENTRAL SCHOOL
50 WOODBRIDGE AVE.
CHATHAM, NY 12037