

Potsdam Central School District
Individual Home Instruction Plan Grade 1-5

School Year: _____

Student's Name: _____ Date of Birth: _____

Grade Level: _____

In the spaces provided below, please describe in detail the student's IHIP for the current school year as required in Section 100.10 of the Commissioner's Regulations.

Please submit this form to the Superintendent of Schools by August 15 or within four weeks of receipt of the forms.

ENGLISH/LANGUAGE ARTS (Reading, Writing, Spelling, Speaking/Listening):

MATHEMATICS:

SOCIAL STUDIES (Geography, United States History, NYS History, Economics):

SCIENCE:

HEALTH EDUCATION:

MUSIC:

VISUAL ARTS:

PHYSICAL EDUCATION: