

**INDIVIDUALIZED HOME INSTRUCTION PLAN (IHIP)**  
**\_\_\_\_\_ Academic Grading Calendar**

**Date:** \_\_\_\_\_

**Name Of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**School District:** Hartford Central School District

**Grade Level:** \_\_\_\_\_

**DATES FOR THE SUBMITTAL OF QUARTERLY REPORTS**

1<sup>st</sup> Quarter

2<sup>nd</sup> Quarter

3<sup>rd</sup> Quarter

4<sup>th</sup> Quarter

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
School District Representative

\_\_\_\_\_  
Instructor's Signature