

AKRON CENTRAL SCHOOL DISTRICT
Individualized Home Instruction Plan (IHIP)
Cover Sheet

Date submitted: ____/____/____ For School Year 20____ - 20____

Student Grade Level: _____ Student Date of Birth: ____/____/____

Student Name (First & Last):

Address (street/road, apt.#, city, state, zip code):

Quarterly Report submissions dates:

Quarter 1: ____/____/____

Quarter 2: ____/____/____

Quarter 3: ____/____/____ (annual assessment arrangements included)

Quarter 4: ____/____/____

Parent Signature: _____

Signature of Home School Instructor (if **NOT** the parent):
