

HFM BOCES HOMESCHOOL SERVICE

2755 State Highway 67 Johnstown, NY 12095

518-571-8955 homeschool@hfmboces.org

KINDERGARTEN INDIVIDUALIZED HOME INSTRUCTION PLAN (IHIP) School Year: 2023-2024

*School District of Residence: _____

Student Name: _____ Age: _____ Grade: _____

Address: _____

Phone number: _____ Email: _____

Person(s) providing instruction: _____

Dates for Quarterly Reports: Month/Day/Year (write them in below)

*Suggested Dates: Quarter 1 - 11/08/23 Quarter 2 - 1/24/24 Quarter 3 - 4/8/24 Quarter 4 - 6/21/24

1st Quarter:	
2ndQuarter:	
3rd Quarter:	
4th Quarter:	

INSTRUCTIONS TO COMPLETE THE IHIP

1. The IHIP must be submitted within four (4) weeks of receipt of IHIP plan form. The completed IHIP can be submitted electronically to homeschool@hfmboces.org or by mail to HFM BOCES Homeschool Service, 2755 State Highway 67, Johnstown, NY 12095.
2. The IHIP must list the syllabi, curriculum materials, textbooks or plan of instruction to be used in each of the required subjects listed in the appropriate category below.
3. The IHIP must identify the name(s) of the individual(s) providing instruction.
4. Cumulative hours of instruction for grades 1-6 must be 900 hours per year. Cumulative hours of instruction for grades 7-12 must be 990 hours per year. Each student must attend instruction that is substantially equivalent to 180 days of instruction per school year.
5. **Instruction for grades K-12 must also be provided in these areas:**
 - Patriotism and Citizenship
 - Health education regarding alcohol, drug and tobacco misuse
 - Highway safety and traffic regulations, including bicycle safety
 - Fire and arson prevention and safety

LIST THE CURRICULUM MATERIALS, TEXTBOOKS, PLAN OF INSTRUCTION OR SYLLABUS	
Patriotism and Citizenship	
Health education regarding alcohol, drug and tobacco misuse	
Highway safety and traffic regulations, including bicycle safety	
Fire and arson prevention and safety	

I affirm that my child, _____, will be meeting the compulsory education requirements of Education Law.

Signature of Instructor(s): _____

Date: _____