



**HFM BOCES HOMESCHOOL SERVICE**

2755 State Highway 67 Johnstown, NY 12095

518-571-8955 [homeschool@hfmboces.org](mailto:homeschool@hfmboces.org)

**GRADES 9-12 HOME INSTRUCTION QUARTERLY REPORT FORM**

School Year \_\_\_\_\_

Please submit quarterly reports as indicated on your IHIP. Quarterly reports can be submitted by email at [homeschool@hfmboces.org](mailto:homeschool@hfmboces.org) or by mail to HFM BOCES Homeschool Service, 2755 State Highway 67, Johnstown, NY 12095. Please call **518-571-8955** with any questions.

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

Instructor: \_\_\_\_\_

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

Quarter # \_\_\_\_\_

**\*Total number of hours of instruction received during the quarter:** \_\_\_\_\_

Provide a description of the material covered in the quarter & a grade or narrative that evaluates your child's progress.

Course Name	Description of Material Covered – What was learned?	Grade or Narrative




**Was at least 80% of the material planned for this quarter covered?**

**YES**     **NO**

If 80% of the material that was planned for this quarter was not covered in any subject area, provide a written explanation below:

**Instructor Signature:** \_\_\_\_\_

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