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**Home School Instruction Plan (IHIP)**

**Kindergarten through Grade 6**

**Mount Vernon City School District**

Office of Pupil Personnel Services

Mount Vernon City School District

165 N Columbus Avenue

Mount Vernon, New York 10553

Phone: (914) 358-2537

Email: [Homeschool@Mtvernoncsd.com](mailto:Homeschool@Mtvernoncsd.com)

**Individualized Home Instruction Plan (IHIP) K-6**

Complete the following IHIP and return within four (4) weeks of filing your letter of intent by emailing it to [Homeschool@mtvernoncsd.com](mailto:Homeschool@mtvernoncsd.com)or mailing to: Office of Pupil Personnel Services, 165 N Columbus Avenue Mount Vernon, New York 10553.

***Upon receipt and review, the Office of Pupil Personnel Services will notify parents if the IHIP complies with NYSED regulations or if revisions will need to be made.***

**Please complete all shaded cells**.

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|  | | | **Academic School Year:** | | | | | |  | | | | | | |  | | | | |
| **Name of Student:** | | | |  | | | | | | | | **Date:** | |  | | | | | | |
| **Student Grade Level:** | | | |  | | | | | | | | **Student’s Birth Date:** | | | | | | | |  |
| **Gender:** |  | | | | | | **Does Student Receive Special Education Services?** | | | | | | | | | | | |  | |
| **Name of Parents/Guardians:** | | | | |  | | | | | | | | | | | | | | | |
| **Mailing Address:** | | | | |  | | | | | | | | | | | | | | | |
| **Zip Code:** | |  | | | | | | **Parent/Guardian Contact Phone Number:** | | | | | | | | | |  | | |
| **Parent/Guardian Contact E-mail Address:** | | | | | | | |  | | | | | | | | | | | | |
| **Person Providing Instruction** (If Not Parent/Guardian)**:** | | | | | | | | | |  | | | | | | | | | | |
| **Address of Person Providing Instruction (If Not Parent/Guardian**): | | | | | | | | | | | | |  | | | | | | | |
| **Federal Ethnic Category:** (check box)     |  | | --- | |  | |  |   Hispanic or Latino    NO Hispanic or Latino | | | | | | | | | | **Federal Race:** (check box)     |  | | --- | |  | |  | |  | |  | |  |   American Indian or Alaska Native  Black or African American  White  Native Hawaiian/or Other Pacific Islander  Asian | | | | | | | | | | |
| **Projected Plan for Annual Assessment (**Please place **X** next to **one**)   |  | | --- | |  | |  | |  |   We Plan to Write a Narrative Assessment (Due June 30).  We Plan to Give a Standardized Test This Year (Due June 30). Name of Test: \_\_\_\_\_\_\_\_\_\_\_\_\_  We Plan to Access NYS Assessment This Year from MVCSD (testing information will follow) | | | | | | | | | | | | | | | | | | | | |
| **Fill in Dates for Quarterly Reports** (Check to use) | | | | | | | | | | **or** | **Suggested Dates** (Check to use) | | | | | | | | | |
| * Quarter 1 Report Date: | | | | | |  | | | |  | Quarter 1 Report: | | | | | |  | | | |
| * Quarter 2 Report Date: | | | | | |  | | | | Quarter 2 Report: | | | | | |  | | | |
| * Quarter 3 Report Date: | | | | | |  | | | | Quarter 3 Report: | | | | | |  | | | |
| * Quarter 4 Report Date   & Annual Summary Report Date: | | | | | |  | | | | Quarter 4 Report & Annual Summary: | | | | | |  | | | |
| **Parent/Guardian Signature:** | | | | | |  | | | | | | | | | **Date:** | |  | | | |

**Kindergarten Curriculum**

Kindergarten does not have a required curriculum, **although Letter of Intent, IHIP, Quarterly Reports and Year-End Assessment are still necessary.** Kindergarten might include: Reading Readiness, Math Readiness, Language Development, Health Education including personal safety and AIDS instruction, Music, Physical Education, In addition-patriotism and citizenship, alcohol/drugs/tobacco misuse, bicycle/highway safety.

**Curriculum Grades 1-6 (**Required Instructional Hours: **900 per year**)

**English/Language Arts**

-Reading

-Writing

-Spelling

-Speaking/Listening

**Mathematics**

**Science**

-Life Science

-Physical Science

**Social Studies (**including citizenship & patriotism)

-Geography

-NY State History (4th grade)

-US History and Constitution (5th grade)

-Local History - Economics

**Health (**including topics such as**)**

- HIV/AIDS

-alcohol/drug/tobacco misuse

-fire/highway/bicycle safety -traffic regulations

**Visual Arts**

**Music**

Performance, theory, appreciation

**Physical Education (1 Unit)**

**Library Skills – as needed**

**Note:** For an overview of the required components, see *State Education Department Regulation*s.

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|  | **Academic School Year:** |  |  | | |
| **Student Name** |  | | | **Grade Level** |  |
| **Please describe the instructional plan for each required subject area. A syllabus, scope and sequence, or table of contents from a textbook may be used if they describe the content that will be taught. PLEASE LIST ALL CURRICULUM MATERIALS WITH PUBLICATION INFORMATION. Additional sheets may be attached.** | | | | | |
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| **English Language Arts** (syllabus, scope, sequence, or table of contents from textbooks) | | | | | |
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| **English Language Arts** (curriculum materials with publication information) | | | | | |
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| **Mathematics** (syllabus, scope, sequence, or table of contents from textbooks) | | | | | |
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| **Mathematics** (curriculum materials with publication information) | | | | | |
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| **Science** (syllabus, scope, sequence, or table of contents from textbooks) | | | | | |
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| **Science** (curriculum materials with publication information) | | | | | |
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| **Social Studies** (syllabus, scope, sequence, or table of contents from textbooks) | | | | | |
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| **Social Studies** (curriculum materials with publication information) | | | | | |
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| **Health** (syllabus, scope, sequence, or table of contents from textbooks) | | | | | |
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| **Health** (curriculum materials with publication information) | | | | | |
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| **Music** (syllabus, scope, sequence, or table of contents from textbooks) | | | | | |
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| **Music** (curriculum materials with publication information) | | | | | |
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| **Visual Arts** (syllabus, scope, sequence, or table of contents from textbooks) | | | | | |
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| **Visual Arts** (curriculum materials with publication information) | | | | | |
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| **Physical Education** (syllabus, scope, sequence, or table of contents from textbooks) | | | | | |
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| **Physical Education** (curriculum materials with publication information) | | | | | |
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| **Bilingual Education** (If required) (syllabus, scope, sequence, or table of contents from textbooks) | | | | | |
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| **Bilingual Education** (If required) (curriculum materials with publication information) | | | | | |
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| **Patriotism and citizenship, alcohol/drugs/tobacco misuse, bicycle/highway safety** | | | | | |
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| **Electives** (Please Name) (syllabus, scope, sequence, or table of contents from textbooks) | | | | | |
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| **Electives** (curriculum materials with publication information) | | | | | |
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