**Home Instruction Quarterly Report**

**Grades 9-12**

*Due four times per school year to:*

Janna Keefe, Home Instruction Guidance Counselor

PO Box 4754

Syracuse, NY 13221

###### **SCHOOL DISTRICT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### Name of Student: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Quarter #: \_\_\_\_\_\_\_\_\_\_\_ Total Hours of Instruction this quarter: \_\_\_\_\_\_\_\_\_\_\_

Student’s Grade Level: \_\_\_\_\_\_ Student’s Birth Date: \_\_\_/\_\_\_/\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the specific skills and concepts covered during this quarter and the level to which each was achieved, and then include either a number or letter grade or some other evaluation for each content area.

**English/Language Arts** (including reading, literature, writing, spelling):

English Evaluation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mathematics**:

Mathematics Evaluation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Science**: (Life Science, Physical Science)

Science Evaluation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Studies**: (include geography, US History and Constitution, Global History, patriotism, and citizenship according to IHIP plans)

Social Studies Evaluation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health**: (include HIV/AIDS, alcohol/drug/tobacco abuse, arson prevention, fire/traffic/highway/bicycle safety education, child abuse)

Health Evaluation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Music**:

Music Evaluation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Visual Arts**:

Visual Arts Evaluation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Education**:

Physical Education Evaluation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Electives**:

Electives Evaluation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Language other than English**: (optional)

\*NOTE: Make a copy of this document for your files. Thank you.