

**SUFFERN CENTRAL SCHOOL DISTRICT**  
**INDIVIDUALIZED HOME INSTRUCTION PLAN**  
**SCHOOL YEAR 202 -202**

**NAME OF CHILD:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**PARENTS NAME(S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TEL. NO.:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**STUDENT'S EDUCATIONAL LEVEL:** \_\_\_\_\_

**DATES FOR THE SUBMITTAL OF QUARTERLY REPORTS**

_____	<b>1st Quarter</b>
_____	<b>2nd Quarter</b>
_____	<b>3rd Quarter</b>
_____	<b>4th Quarter</b>

**INSTRUCTOR SIGNATURE:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

**SCHOOL DISTRICT REPRESENTATIVE:** \_\_\_\_\_

**Please email this completed form to Dr. Lisa Castaldo at [lcastaldo@sufferncentral.org](mailto:lcastaldo@sufferncentral.org)**