

LIVERPOOL CENTRAL SCHOOL DISTRICT
Home Instruction Quarterly Report
Grades 9 - 12

Student Name: _____ **Grade:** _____ **Quarter:** 1 2 3 4
 (please circle)

Total Hours of Instruction this Quarter: _____ **Total # of Absences:** _____

Subject	Description of materials covered	Hrs. of Instruction	Narrative Evaluation or Grade
ENGLISH LANGUAGE ARTS (Reading, Writing, Spelling, Spelling/Listening)			
MATHEMATICS Course Name: _____			
SCIENCE Course Name: _____			
SOCIAL STUDIES Course Name: _____			

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Subject	Description of materials covered	Hrs. of Instruction	Narrative Evaluation or Grade
MUSIC/ART Course Name: 			
HEALTH (Include HIV/AIDS, alcohol/drug/tobacco abuse, arson prevention, fire/traffic/bicycle safety and child abuse education)			
PHYSICAL EDUCATION			
LIBRARY SKILLS			
ELECTIVE Course Name: 			
ELECTIVE Course Name: 			

 Parent/Guardian Signature

 Date

 Home School Instructor (if not parent/guardian)

IMPORTANT REMINDER: An annual assessment is due at the time the 4th quarter report is filed.