## LIVERPOOL CENTRAL SCHOOL DISTRICT **Individual Home Instruction Plan (IHIP) Quarterly and Annual Assessment Reporting**

Ending:

Student Name	DOB	Grade Level	Narrative Annual Assessment (See Guidelines)	Commercially Published Norm Referenced Annual Assessment

Address:							
City, State, Zip:							
Parent/Guardian Phone Number:							
Parent/Guardian Email Address:							
QUARTERLY REPORTS: Quarterly reports will be submitted on or before the following dates:							
First Quarter:		Se	econd Quarter:				
Third Quarter:		Fo	Fourth Quarter:				

## **ANNUAL ASSESMENT:**

For School Year Beginning:

Part 100.10 of the Regulations of the NYS Commissioner of Education also requires that parents/guardians file an annual assessment at the time the fourth quarterly report is filed with the school district. The annual assessment must include the results of a commercially published norm-referenced achievement test, a New York State Education Department test or another test approved by the New York State Education Department. However, students in Grades 1 through 3 and Grades 4 through 8 may have an alternative annual evaluation as outlined below:

- Grades 1 through 3: Students may have a written narrative submitted as an alternative annual evaluation method.
- Grades 4 through 8: Students must have a norm-referenced achievement test or other approved test submitted every other year in grades 4 through 8. On the "odd" year, students may have a narrative report submitted for their annual assessment.

Please indicate either the name of the annual assessment you plan to use (i.e. California Achievement) or by ✓ if you plan to submit a written narrative annual assessment (per the above guidelines).

Parent/Guardian Signature

Home School Instructor (if not parent/guardian)