

**Berlin Central School District  
Individual Home Instruction Plan**

**End of Year Annual Assessment**

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**1. Name of test given:** \_\_\_\_\_

**OR**

**2. Narrative by Licensed Teacher**

**Name of Licensed Teacher** \_\_\_\_\_ **Phone** \_\_\_\_\_

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**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved:** \_\_\_\_\_

**Not Approved:** \_\_\_\_\_

**IHIP Coordinator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_