Berlin Central School District
Individualized Student Home Instruction Plan
(1 form per student, per year)

Student's Name: _____ Age: _____ Grade: _____

Parent's Name(s): _____ Phone: _____

Address: _____
_____

Instructor's Name: _____ Phone: _____

Address: _____
_____

| **List subjects** (from 100.10) | **Plan of Instruction** (List texts) | **Additional Comments** |
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Parent's Signature: _____ Date: _____

Approved: _____
Not approved: _____

Coordinator's Signature: _____ Date: _____