

NUMBERS FOR HOME INSTRUCTOR

STUDENT: ID#:
ADDRESS:
PHONE:
PARENTS:

PRINCIPAL

PHONE VOICE MAIL
EMAIL
SCHOOL HOURS

COUNSELOR

PHONE VOICE MAIL
EMAIL

TEACHER

SUBJECT

PHONE NUMBER VOICE MAIL
EMAIL
PLAN BELL TIME

TEACHER

SUBJECT

PHONE NUMBER VOICE MAIL
EMAIL
PLAN BELL TIME

TEACHER

SUBJECT

PHONE NUMBER VOICE MAIL
EMAIL
PLAN BELL TIME

TEACHER

SUBJECT

PHONE NUMBER VOICE MAIL
EMAIL
PLAN BELL TIME

SPECIAL SERVICES 829-4311

**HOME INSTRUCTION PLAN
FAIRFIELD CITY SCHOOLS**

MEETING DATE: _____
STUDENT: _____ BUILDING: _____
PARENTS: _____ PHONE: _____

FREQUENCY AND DURATION OF INSTRUCTION:

Begins: _____ Accumulated hours prior to meeting: _____
Hours per week: _____

ANTICIPATED TERMINATION DATE FOR HOME INSTRUCTION: _____

SCHOOL CONTACT PERSON WHO WILL COORDINATE THE PLAN:

RESPONSIBILITIES FOR HOME INSTRUCTION WILL BE THE FOLLOWING:

TEACHER _____ HOME INSTRUCTOR _____ Phone _____
CLASS/COURSE: _____ TEXT(S): _____
FEES: _____

TEACHER _____ HOME INSTRUCTOR _____ Phone _____
CLASS/COURSE: _____ TEXT(S): _____
FEES: _____

TEACHER _____ HOME INSTRUCTOR _____ Phone _____
CLASS/COURSE: _____ TEXT(S): _____
FEES: _____

TEACHER _____ HOME INSTRUCTOR _____ Phone _____
CLASS/COURSE: _____ TEXT(S): _____
FEES: _____

(STATEMENT REGARDING WHEN AND TO WHOM GRADES WILL BE GIVEN)

