Valdez Homeschool Program (VHP)

Individual Learning Plan K-12

STUDENT INFORMATION _____ **School Year** _____ **Grade**

Last Name	*First Name*	*Date of Birth*	*Primary Phone*	*Student Email*

PARENT/GUARDIAN INFORMATION

Name(s)	*Mailing Address*	*City*	*Zip*	*Parent/Guardian Email*

Parent/Guardian Name	*Parent/Guardian Signature*	*Date*	*Education Specialist Signature*

DISTRICT USE

FTE: 1 .75 .5 .25 Computer Issued: Yes No Siblings Enrolled: Yes No Dual Enrollment: Yes No	SPECIAL EDUCATION IEP Expiration Date: _____ ESER Expiration Date: _____ Disability: _____ Assessment Accommodations:

SUBJECT: **COURSE TITLE:**

K – 8: ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4 ☐ 9 – 12: ☐ ½ Credit Fall ☐ ½ Credit Spring ☐ Other:

Curriculum Type: ☐ On-line ☐ Print

Curriculum Materials: Please indicate title(s) and publisher; add level if specified. Include textbooks, workbooks, etc.

Source of Credit:	**Teacher of Record:**
☐ ***Vendor:*** ☐ ***Parent Designed Course*** ☐ ***District Course***	

If you are designing your own curriculum for this subject, please attach a completed "Parent Designed Course" form.

Supplemental Materials: Any other resources you plan on using; videos/dvds, games, manipulatives, magazines, workbooks, etc.

Method of Assessment:	**Grade System to be used:**	**Grade will be recommended by (check one):**
☐ Quizzes and tests ☐ Oral reviews or presentations ☐ Portfolio ☐ Learning journal/projects ☐ Guided practice	☐ Pass or Fail ☐ Letter Grade (A=90-100, B=80-89, C=70-79, E,S,N,U, etc.)	☐ Parent & VHP Contact Teacher ☐ *VHP* Contact Teacher Only ☐ Distance School Advisory Teacher

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