



NASHOBA REGIONAL SCHOOL DISTRICT

50 MECHANIC STREET
BOLTON, MASSACHUSETTS 01740

PHONE: 978-779-0539

Notice of Intent to Pursue a Program of Home Education Academic Year 20__ - 20__

Instructions: please complete this form, attach any additional information and forward it to the **Department of Teaching and Learning, 50 Mechanic Street, Bolton, MA 01740** prior to the starting date of the home education program. If this process is initiated during the school year, the student must remain in school until the School District and the parents agree jointly to the home education plan.

1. PARENT NAME _____

ADDRESS _____

PHONE _____ PARENT EMAIL _____

STUDENT(S) _____ BIRTH DATE _____ GRADE _____

STUDENT(S)	BIRTH DATE	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSTRUCTOR'S NAME(S) (IF NOT PARENT/GUARDIAN) _____

STUDENT'S CURRENT SCHOOL (IF APPLICABLE) _____

HAS THIS CHILD HAD A HOME EDUCATION PLAN PREVIOUSLY? YES _____ NO _____

2. On Form B, describe the instructional program to be taught, including subjects, and curriculum materials/instructional aids to be used.
3. Academic background, life experience and/or qualifications of those who will be instructing the child(ren), as they relate to the instructional program described in Section B.

4. Check the method of assessment to be used followed by a brief description.

_____ Daily logs, journals, progress reports, portfolios or dated work samples.

_____ An independent report made by someone acceptable to both superintendent and/or designee and parent(s) or guardian(s).

_____ Standardized test results.

_____ Any other method agreed to by both superintendent and/or designee and home educator(s).

5. Reason for Home Schooling (optional)

The following signature confirms the intent to provide a minimum of 900-990 hours of instruction. It also confirms that I am aware that this notice of intent along with the previous year's progress report must be submitted annually.

Signature of Parent or Guardian

Date Submitted

The signature of the school official indicates final approval of this plan.

Department of Teaching and Learning

Date of Response

**HOME EDUCATION APPLICATION
FORM B - CURRICULUM**

On a separate attachment, please provide a brief scope and sequence of either learning objectives and outcomes or the units of study for each subject. This may be your own format or it may be from a commercial curriculum that you are using. In addition, please complete this form indicating the curriculum materials being used for each subject (i.e., textbooks, workbooks)

STUDENT _____ GRADE _____

SUBJECT:

TEXT _____ Copyright
TEXT 2 OR WORKBOOK _____ Copyright
PUBLISHER _____

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TEXT 2 OR WORKBOOK _____ Copyright
PUBLISHER _____

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**HOME SCHOOL
STUDENT EVALUATION PLAN
FORM B**

IF GOALS/UNITS OF STUDY AND CURRICULUM MATERIALS/TEXTBOOKS ARE FROM A COMMERCIAL CURRICULUM, PLEASE ATTACH.

SUBJECT	CURRICULUM MATERIALS AND INSTRUCTIONAL AIDS	APPROXIMATE DATE OR TIME OF EVALUATION/ASSESSMENT
MATHEMATICS (Topics or Units of Instruction)		
READING (Topics or Units of Instruction)		
WRITING (Topics or Units of Instruction)		
HISTORY/SOCIAL STUDIES (Topics or Units of Instruction)		

**HOME SCHOOL
STUDENT EVALUATION PLAN
FORM B**

IF GOALS/UNITS OF STUDY AND CURRICULUM MATERIALS/TEXTBOOKS ARE FROM A COMMERCIAL CURRICULUM, PLEASE ATTACH.

SUBJECT	CURRICULUM MATERIALS AND INSTRUCTIONAL AIDS	APPROXIMATE DATE OR TIMES OF EVALUATION/ASSESSMENT
SCIENCE & TECHNOLOGY (Topics or Units of Instruction)		
FOREIGN LANGUAGE (Topics or Units of Instruction)		
VISUAL OR PERFORMING ARTS (Topics or Units of Instruction)		
OTHER		