

HOME EDUCATION PROPOSAL

Please read the attached School Committee policy on home education. Complete this form (attaching any supportive documents) and forward it to the Superintendent of Schools, Boston Road, Sutton, MA 01590 at least twenty (20) days prior to the planned start of a home education program.

Parent name(s) _____

Address _____

Telephone _____

Please list name(s) of student(s) who will be taught at the above designated home and current comparable public school grade level(s):

Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

Period of time for which approval is sought:

_____ through _____
month/year month/year

Teachers

Please attach a statement providing the following information about any persons who will serve as teachers in this program:

Name, teaching responsibility, college degrees (if any,) college major and minor, past teaching experience (if any,) teaching certification (if any,) and any other evidence to describe their teaching competence for the task to be assigned.

Subjects

Attach a description of each subject to be taught including the scope, major goals and objectives for the child, and the major materials and methods to be used in each area.

Schedule

Attach a description of the schedule you plan for instruction during the period for which approval is requested. Include the number of hours and days planned.

Evaluation

Attach a statement describing the tests or measurements that you plan to use to evaluate your child's educational growth during this period. If this home education plan is approved the school department will expect to review a periodic evaluation of the child's progress and may set guidelines and standards for this purpose to insure the evaluation of reasonable educational progress.

Response by School Authorities

Ordinarily, you will receive a response to your proposed plan within twenty (20) days from receipt of your application.

Hearing

As parents, you have the right to a hearing before the school authorities, if you wish, to allow you an opportunity to explain your plan further and answer questions about it. You may be represented by counsel. If you wish to take this option please so state your wish below by providing two possible times when this would be convenient for you.

Yes, a hearing is requested. The following two possible dates and times are suggested:

Date _____ Time _____

Date _____ Time _____

Date of Application _____

Signature of person completing application _____