

Sample Format for Home Schooling Plan

SCHOOL SERVICES

Student Name: <i>(Please Print - Last Name, First Name)</i>	Date of Birth <i>(day/month/year)</i>
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The Education Act 21(2)(a)

A child is excused from attendance at school if, *a) the child is receiving satisfactory instruction at home or elsewhere*
Please provide details of the home schooling program for your child. If you need more space, please attach accompanying material to this form. You are invited to contact the Co-ordinator of Counselling and Attendance Services to request assistance with the completion of the home schooling plan for your child.

Co-ordinator of Counselling and Attendance Services, Toronto District School Board

Learning Centre 1 Superintendent of Education Offices 1 Civic Centre Court, 2 nd floor Etobicoke, ON M9C 2B3	Learning Centre 2 Superintendent of Education Offices 5050 Yonge Street, 5 th floor Toronto, ON M2N 5N8	Learning Centre 3 Superintendent of Education Offices 140 Borough Drive, 4 th floor Scarborough, ON M1P 4N6	Learning Centre 4 Superintendent of Education Offices 1 Civic Centre Court, 2 nd floor Etobicoke, ON M9B 2B3
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Program Planning

This section is intended to help inform the School Board of the planning that you establish for the home schooling program for your child. Example:

Subjects:

Please attach a schedule of instruction for a typical week.

Program Design

Is the program based on any of the Ontario Curriculum Policy documents? Please check the appropriate box. These policy documents are available from the Ministry of Education's website (<http://www.edu.gov.on.ca>). You may also receive copies by contacting the Ministry's public inquiries telephone number (416-325-2929).

Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Social Studies: History and Geography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mathematics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The Arts (Dance, Drama, Music, Visual Arts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Science & Technology	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Health & Physical Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			French as Second Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please indicate other curriculum/documents/packages you plan to use to help you design the program

Instructional Activities

This section is intended to inform the School Board of the types of planned activities you use to help the child learn.

Subject: _____	Activities: _____
	Activities: _____
	Activities: _____
Subject: _____	Activities: _____
	Activities: _____
	Activities: _____
Subject: _____	Activities: _____
	Activities: _____
	Activities: _____
Subject: _____	Activities: _____
	Activities: _____
	Activities: _____
Subject: _____	Activities: _____
	Activities: _____
	Activities: _____

Sample Format for Home Schooling Plan (cont'd)

Instructional Materials

This section is intended to help inform the School Board of the types of materials being used for instruction. Please indicate which resources will support you in the delivery of the program:

Commercial textbooks: _____ _____ _____ _____	Reference Books: _____ _____ _____ _____
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Other Materials

	OFTEN	SELDOM	NEVER		OFTEN	SELDOM	NEVER
Charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Films	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radio Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Science Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tape Recordings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Models and Mockups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Televisions Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify):	_____						

Student Assessment

Please outline the methods to be used to assess student learning:

Community Resources

Community resources are important support to the curriculum. This section is intended to help the Co-ordinator understand how you use community resources to support the curriculum.

	YES	NO		YES	no
Art Galleries	<input type="checkbox"/>	<input type="checkbox"/>	Nature/Science Centres	<input type="checkbox"/>	<input type="checkbox"/>
Camping Areas	<input type="checkbox"/>	<input type="checkbox"/>	Public Library	<input type="checkbox"/>	<input type="checkbox"/>
Educational/Social Groups(e.g., Scouts or Guides)	<input type="checkbox"/>	<input type="checkbox"/>	Public Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>
Local Gym Facilities	<input type="checkbox"/>	<input type="checkbox"/>	Recreational	<input type="checkbox"/>	<input type="checkbox"/>
Museums	<input type="checkbox"/>	<input type="checkbox"/>	YMCA/YMCA	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____				

Other Information

Please provide any additional information that may help describe your child's home schooling program.

 Parent\Guardian Signature

 Date