NEW PLAN ______

WORCESTER PUBLIC SCHOOLS

RENEWAL PLAN ______

HOMESCHOOL PLAN

Grades One through Six

Student Name: ___________________________ LAST  __________ FIRST  __________ MI

Address: ___________________________ No.  STREET  Worcester, MA  ZIP

D.O.B.: ___________________________ Parent Email: ___________________________ Grade: ___________________________

Name of School ___________________________ For School Year: ___________________________

Attending/Attended: ___________________________ ___________________________

Name of Parent/Legal Guardian ___________________________ Phone: ___________________________

Address: ___________________________ No.  STREET  Worcester, MA  ZIP

HOMESCHOOLING CURRICULUM

(G.L. of MA CHAPTER 71, SECTION 1,2,3)

Recommended number of hours of instruction per week/month/year

TIME GUIDE FOR ELEMENTARY LEVEL

(minutes per week)

<table>
<thead>
<tr>
<th>Language Arts</th>
<th>Gr. 1</th>
<th>Gr. 2</th>
<th>Gr. 3</th>
<th>Gr. 4</th>
<th>Gr. 5</th>
<th>Gr. 6</th>
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<tbody>
<tr>
<td>English</td>
<td>300</td>
<td>300</td>
<td>300</td>
<td>300</td>
<td>300</td>
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<tr>
<td>Spelling</td>
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</tr>
<tr>
<td>Handwriting</td>
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<td></td>
</tr>
<tr>
<td>Reading</td>
<td>300</td>
<td>300</td>
<td>300</td>
<td>300</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td>Mathematics</td>
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</tr>
<tr>
<td>Science</td>
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<tr>
<td>Soc.Studies/Geog/History</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>200</td>
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<td>200</td>
</tr>
<tr>
<td>ART</td>
<td>50</td>
<td>50</td>
<td>75</td>
<td>75</td>
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<tr>
<td>Health/Physical Education</td>
<td>50</td>
<td>50</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Music</td>
<td>50</td>
<td>50</td>
<td>75</td>
<td>75</td>
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<tr>
<td>Recess</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

900  900  1050  1150  1150  1150

List the name(s) of Instructor(s) of child/children:

__________________________________________

__________________________________________

List names of textbooks, workbooks and other instructional aids to be used:

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Year 2021-2022
What lesson plans and teaching manuals will be used by instructor(s)?


Method of annual assessment of student progress?
☐ Periodic Progress Report
☐ Standardized Testing
☐ Dated Work Samples

This plan is valid for one (1) school year only. Each year a new plan must be submitted by the parent/guardian.

PARENT/GUARDIAN'S SIGNATURE ___________________________ DATE ____________

Please return this form to:

Worcester Public Schools
Office of Social Emotional Learning
20 Irving Street
Worcester, MA 01609
Tel: 508-799-3175 - Fax: 508-799-3182

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Please call the main office at the school if you would like this document translated into a language other than English.

Por favor, llame a la oficina central de la escuela si usted desea que este documento sea traducido al español.

Xin gửi điện thoại cho văn phòng nhà trường nếu quý vị muốn tài liệu này được dịch ra một ngôn ngữ khác hơn tiếng Anh.

Year 2021-2022