Special Education
We Value Differences!

Jordan School District
Home Instruction Student Information, Schedule, & Course Grades

Student Name:_____ Parent(s) Name:_____ Grade:____
Student Cell#:_____ Parent Cell#:_____ Boundary School:_____
Address:_____ Case Manager/Team Leader:_____
_____ Case Manager/Team Leader Phone#:_____

Student Schedule and Course Grades										
Course Description	Quarter/Course Assigned				Quarter/Course Grade				Teacher	Notes/Comments:
	1st	2nd	3rd	4th						
	A	B	C	D	1st	2nd	3rd	4th		
Packets:										

Civics Test Passed? Y/N?:_____ n/a?:_____

Student Schedule and Course Grades										
Course Description	Quarter/Course Assigned				Quarter/Course Grade				Teacher	Notes/Comments:
	1st	2nd	3rd	4th	1st	2nd	3rd	4th		
	A	B	C	D						
Packets:										

Transferring to Valley for 24 Credits? Y/N:_____

Comments/Notes:

Civics Test Passed? Y/N?:_____ n/a?:_____