



## Torrington Public Schools

### NOTICE OF INTENT: INSTRUCTION OF STUDENT AT HOME

(For District Use Only)

2024-2025

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX: \_\_\_\_\_

THE SUBJECTS TO BE TAUGHT ARE:	<u>YES</u>	<u>NO</u>
<b>(REQUIRED)</b>		
Reading		
Writing		
Spelling		
English Grammar		
Geography		
Arithmetic		
U.S. History		
Citizenship (including a study of Town, State and Federal Governments)		
<b>(RECOMMENDED)</b>		
Science		
<b>(OTHER)</b>		

Total number of days scheduled for instruction: \_\_\_\_\_

Teacher's methods of assessment of Student Progress:

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An annual Portfolio Review of student's work will be held on or about: \_\_\_\_\_.  
Date

I acknowledge and accept full responsibility for the education of my child in accordance with the requirements of State Law.

\_\_\_\_\_  
Parents

\_\_\_\_\_  
Date

I only acknowledge receipt of this Form and render no opinion as to the appropriateness of the planned program.

\_\_\_\_\_  
Assistant Superintendent

\_\_\_\_\_  
Date