



# Ayer Shirley Regional School District

Mary Beth Hamel, Director of Student Services

[mbhamel@asrsd.org](mailto:mbhamel@asrsd.org)

978-772-8600 extension 1509

## Notice of Intent to Pursue a Program of Home Education

### Instructions:

Please complete this form, attach any additional information and forward it to Mary Beth Hamel, Director of Student Services, 115 Washington Street, Ayer, MA, 01432, or email to Jessica Rakip, HR/Data Specialist at [jrakip@asrsd.org](mailto:jrakip@asrsd.org) prior to the starting date of the home education program.

If this process is initiated during the school year, the student must remain in school until the school district and the parents agree jointly to the home education plan.

Homeschool Intent for Academic Year: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Street

City

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Schooled Student's Information			
Name	Date of Birth	Grade	Is the student currently on an IEP for Special Education Services?

Received by School	Required Information
	<b>A. On a separate sheet</b> , describe the instructional program to be taught, including subjects and instructional aids and texts to be used for each child.
	<b>B.</b> Academic background, life experience and/or qualifications of those who will be instructing the children, as they relate to the instructional program described in Section B.
	<b>C. Check the method of assessment to be used followed by a brief description:</b> <input type="checkbox"/> Daily logs, journals, progress reports, portfolios or dated work samples <input type="checkbox"/> An independent report made by someone acceptable to both Superintendent or a designee and parent(s) or guardian(s) [for example, standardized test results produced by an educational organization] <input type="checkbox"/> Consultation with the Superintendent or designee or appropriate school principal <input type="checkbox"/> Any other method agreed by both Superintendent or designee and home educator(s)



# Ayer Shirley Regional School District

The following signature confirms the intent to provide a minimum of 900-990 hours of instruction as required by state law.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Submitted

The signature of the school official indicates **receipt** of this plan. A parent/administrative conference may be scheduled, at your request.

\_\_\_\_\_  
Signature of Director of Student Services

\_\_\_\_\_  
Date of Response

\*\*\*\*\*  
Failure of a home educator to abide in good faith by the procedures outlined above may result in the School Committee taking action under Massachusetts General Laws, Chapter 76, Sections 2 and/or 4, upon the recommendation of the Superintendent.

REF: M.G.L., Chapter 76, Sections 1, 2 and 4  
Charles Decision

\*\*\*\*\*