

East Meadow UFSD  
718 The Plain Road  
Westbury, NY 11590

Student: \_\_\_\_\_ September 2020

Tutor: \_\_\_\_\_ School \_\_\_\_\_

Subject/s \_\_\_\_\_ Grade Level \_\_\_\_\_

Please note it is the policy of the agencies that an adult be present when home instruction is being given.

Total hours taught \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Start: _____  End: _____	2 Start: _____  End: _____	3 Start: _____  End: _____	4 Start: _____  End: _____	5 Start: _____  End: _____
6 Start: _____  End: _____	7 Start: _____  End: _____	8 Start: _____  End: _____	9 Start: _____  End: _____	10 Start: _____  End: _____	11 Start: _____  End: _____	12 Start: _____  End: _____
13 Start: _____  End: _____	14 Start: _____  End: _____	15 Start: _____  End: _____	16 Start: _____  End: _____	17 Start: _____  End: _____	18 Start: _____  End: _____	19 Start: _____  End: _____
20 Start: _____  End: _____	21 Start: _____  End: _____	22 Start: _____  End: _____	23 Start: _____  End: _____	24 Start: _____  End: _____	25 Start: _____  End: _____	26 Start: _____  End: _____
27 Start: _____  End: _____	28 Start: _____  End: _____	29 Start: _____  End: _____	30 Start: _____  End: _____			

I hereby certify that home teaching was provided this student this month on the dates indicated on this report.

Guardian's Signature \_\_\_\_\_

Teacher's Signature \_\_\_\_\_

Please return all copies signed as soon as possible at the end of each month to: [admin@tsoli.net](mailto:admin@tsoli.net)  
Tutoring Service of Long Island ~ P. O. Box 1682 ~ Port Washington, New York 11050 ~ 516-479-4582

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Home Teaching Progress Report

Student: \_\_\_\_\_

Month: \_\_\_\_\_ 2020-2021

Tutor: \_\_\_\_\_

Subject: \_\_\_\_\_

Grade Level \_\_\_\_\_

Week 1 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Week 2 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Week 3 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Week 4 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Week 5 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Progress for time tutored:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please indicate above the content of curriculum covered each week. List progress made. (Please be specific in indicating the strengths and weaknesses of the student.)*

GRADE \_\_\_\_\_ (Give a NUMERICAL GRADE (%) for the time tutored this month or partial month.)

TUTORING SERVICE OF LONG ISLAND  
P. O. BOX 1682 PORT WASHINGTON, NY 11050 (516) 479-4582