

**SCO Family of Services**  
**89-31 161<sup>st</sup> Street 6<sup>th</sup> Floor**  
**Queens, NY 11432**

**Home Teaching Monthly Report**

**Student:** \_\_\_\_\_ **April 2019**

**Teacher:** \_\_\_\_\_ **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: _____	1 Start: _____  End: _____	1 Start: _____  End: _____	1 Start: _____  End: _____	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

SCO Family of Services  
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Home Teaching Progress Report

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

April 2019

Teacher: \_\_\_\_\_

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

Grade \_\_\_\_\_

Week of: 1<sup>st</sup> : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Week of: 7<sup>th</sup> : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Week of: 14<sup>th</sup> : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Week of: 21<sup>st</sup> : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Week of: 28<sup>th</sup> : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.)