

Huntington Union Free School District
 PO Box 1500
 Huntington, NY 11743

Home Teaching Monthly Report

Student: _____ February 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: _____ | 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: _____ | | |

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
 Tutoring Service of Long Island ~ P. O. Box 1682 ~ Port Washington, New York 11050 ~ 516-479-4582

Huntington Union Free School District
PO Box 1500
Huntington, NY 11743

Home Teaching Progress Report

Student: _____

February 2019

Teacher: _____

Subject: _____

Grade Level _____

Week of: 1st : _____

Week of: 3rd : _____

Week of: 10th: _____

Week of: 17th : _____

Week of: 27th : _____

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.)

HUNTINGTON U.F.S.D.
PAYROLL FOR HOME TUTORING

Location of Home Tutoring (Please Check One):

 Huntington Library **Family Services League** **Home** **Other**

TEACHER'S NAME: _____

STUDENT'S HOME SCHOOL: _____

STUDENT NAME: _____

STUDENT ADDRESS: _____

| DATE | TIME IN | TIME OUT | STUDENT INITIALS | TOTAL HOURS |
|------------------------------|---------|----------|------------------|-------------|
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| | | | | |
| | | | | |
| | | | | |
| Total Number of Hours | | | | |

I certify that the above time spent with student is accurate _____

Tutor's Signature

*I agree that services were rendered as stated above _____

Parent or Guardian's Signature

I approve payment regarding the information submitted _____

Guidance Director's Signature

PLEASE NOTE: ALL SIGNATURES ARE REQUIRED BEFORE YOU CAN BE PAID. IF A PARENT IS NOT AVAILABLE TO SIGN, PLEASE HAVE THE STUDENT SIGN AND FORWARD TO THE GUIDANCE DIRECTOR.