

**Lindenhurst Union Free School District  
350 Daniel Street  
Lindenhurst, NY 11757**

**Home Teaching Monthly Report**

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

**January 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** \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday
	<b>1</b> New Year's Day	<b>2</b> Start: _____  End: _____	<b>3</b> Start: _____  End: _____	<b>4</b> Start: _____  End: _____
<b>7</b> Start: _____  End: _____	<b>8</b> Start: _____  End: _____	<b>9</b> Start: _____  End: _____	<b>10</b> Start: _____  End: _____	<b>11</b> Start: _____  End: _____
<b>14</b> Start: _____  End: _____	<b>15</b> Start: _____  End: _____	<b>16</b> Start: _____  End: _____	<b>17</b> Start: _____  End: _____	<b>18</b> Start: _____  End: _____
<b>21</b> Start: _____  End: _____	<b>22</b> Start: _____  End: _____	<b>23</b> Start: _____  End: _____	<b>24</b> Start: _____  End: _____	<b>25</b> Start: _____  End: _____
<b>28</b> Start: _____  End: _____	<b>29</b> Start: _____  End: _____	<b>30</b> Start: _____  End: _____	<b>31</b> 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

Lindenhurst Union Free School District  
350 Daniel Street  
Lindenhurst, NY 11757

Home Teaching Progress Report

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

January 2019

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

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

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

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

Week of: 6<sup>th</sup> : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Week of: 13<sup>th</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Week of: 20<sup>th</sup> : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Week of: 27<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.)