

**Smithtown CSD
26 New York Avenue
Smithtown, NY 11787**

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
	1 New Year's Day	2 Start: _____ End: _____	3 Start: _____ End: _____	4 Start: _____ End: _____
7 Start: _____ End: _____	8 Start: _____ End: _____	9 Start: _____ End: _____	10 Start: _____ End: _____	11 Start: _____ End: _____
14 Start: _____ End: _____	15 Start: _____ End: _____	16 Start: _____ End: _____	17 Start: _____ End: _____	18 Start: _____ End: _____
21 Start: _____ End: _____	22 Start: _____ End: _____	23 Start: _____ End: _____	24 Start: _____ End: _____	25 Start: _____ End: _____
28 Start: _____ End: _____	29 Start: _____ End: _____	30 Start: _____ End: _____	31 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

Smithtown CSD
26 New York Avenue
Smithtown, NY 11787

Home Teaching Progress Report

Student: _____

January 2019

Teacher: _____

Subject: _____

Grade Level _____

Week of: 1st : _____

Week of: 6th : _____

Week of: 13th: _____

Week of: 20th : _____

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.)

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