

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

Home Teaching Monthly Report

Student: _____ June 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: _____	29 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: _____

June 2019

Teacher: _____

Subject: _____

Grade Level _____

Week of: 2nd : _____

Week of: 9th : _____

Week of: 16th : _____

Week of: 23rd : _____

Week of: 26th : _____

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
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.