

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

**Home Teaching Monthly Report**

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

**March 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: _____	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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Queens, NY 11432

Home Teaching Progress Report

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

March 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.)

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