

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

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  
 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: \_\_\_\_\_

March 2019

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

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

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

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

Week of: 3<sup>rd</sup> : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Week of: 10<sup>th</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Week of: 17<sup>th</sup> : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Week of: 24<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.)

**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
<b>Total Number of Hours</b>				

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.**