

Harborfields Central School District
2 Oldfields Road
Greenlawn, New York 11740-1200

Home Teaching Monthly Report

Student: _____ April 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: _____	1 Start: _____ End: _____	1 Start: _____ End: _____	1 Start: _____ End: _____	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

Harborfields Central School District
2 Oldfields Road
Greenlawn, New York 11740-1200

Home Teaching Progress Report

Student: _____

April 2019

Teacher: _____

Subject: _____

Grade Level _____

Week of: 1st : _____

Week of: 7th : _____

Week of: 14th : _____

Week of: 21st : _____

Week of: 28th : _____

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.)