

**Riverhead Central School District  
600 Harrison Avenue  
Riverhead, NY 11901**

**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 \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday
1 Start: _____  End: _____	2 Start: _____  End: _____	3 Start: _____  End: _____	4 Start: _____  End: _____	5 Start: _____  End: _____
8 Start: _____  End: _____	9 Start: _____  End: _____	10 Start: _____  End: _____	11 Start: _____  End: _____	12 Start: _____  End: _____
15 Start: _____  End: _____	16 Start: _____  End: _____	17 Start: _____  End: _____	18 Start: _____  End: _____	19 Start: _____  End: _____
22 Start: _____  End: _____	23 Start: _____  End: _____	24 Start: _____  End: _____	25 Start: _____  End: _____	26 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