

**Lindenhurst Union Free School District
350 Daniel Street
Lindenhurst, NY 11757**

Home Teaching Monthly Report

Student: _____

February 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: _____
4 Start: _____ End: _____	5 Start: _____ End: _____	6 Start: _____ End: _____	7 Start: _____ End: _____	8 Start: _____ End: _____
11 Start: _____ End: _____	12 Start: _____ End: _____	13 Start: _____ End: _____	14 Start: _____ End: _____	15 Start: _____ End: _____
18 Start: _____ End: _____	19 Start: _____ End: _____	20 Start: _____ End: _____	21 Start: _____ End: _____	22 Start: _____ End: _____
25 Start: _____ End: _____	26 Start: _____ End: _____	27 Start: _____ End: _____	28 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**

Lindenhurst Union Free School District
350 Daniel Street
Lindenhurst, NY 11757

Home Teaching Progress Report

Student: _____

February 2019

Teacher: _____

Subject: _____

Grade Level _____

Week of: 1st : _____

Week of: 3rd : _____

Week of: 10th: _____

Week of: 17th : _____

Week of: 27th : _____

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.)