

Smithtown CSD  
26 New York Avenue  
Smithtown, NY 11787

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](mailto:admin@tsoli.net)  
Tutoring Service of Long Island ~ P. O. Box 1682 ~ Port Washington, New York 11050 ~ 516-479-4582

Smithtown CSD  
26 New York Avenue  
Smithtown, NY 11787

Home Teaching Progress Report

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

February 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: 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