

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

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

Harborfields Central School District
2 Oldfields Road
Greenlawn, New York 11740-1200
Home Teaching Progress Report

Student: _____

March 2019

Teacher: _____

Subject: _____

Grade _____

Week of: 1st : _____

Week of: 3rd : _____

Week of: 10th: _____

Week of: 17th : _____

Week of: 24th : _____

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.)