

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

Home Teaching Monthly Report

Student: _____

May 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: _____
6 Start: _____ End: _____	7 Start: _____ End: _____	8 Start: _____ End: _____	9 Start: _____ End: _____	10 Start: _____ End: _____
13 Start: _____ End: _____	14 Start: _____ End: _____	15 Start: _____ End: _____	16 Start: _____ End: _____	17 Start: _____ End: _____
20 Start: _____ End: _____	21 Start: _____ End: _____	22 Start: _____ End: _____	23 Start: _____ End: _____	24 Start: _____ End: _____
27 Start: _____ End: _____	28 Start: _____ End: _____	29 Start: _____ End: _____	30 Start: _____ End: _____	31 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