

Riverhead Central School District
20 School Street
Riverhead, New York 11901

Student: _____ September 2020

Tutor: _____ 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

Riverhead Central School District
20 School Street
Riverhead, New York 11901

Home Teaching Progress Report

Student: _____

Month: _____ 2020-2021

Tutor: _____

Subject: _____

Grade Level _____

Week 1 : _____

Week 2 : _____

Week 3 : _____

Week 4 : _____

Week 5 : _____

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.)

RIVERHEAD CENTRAL SCHOOL DISTRICT
PUPIL PERSONNEL SERVICES & SPECIAL EDUCATION

600 Harrison Avenue
Riverhead, NY 11901
FAX (631) 369-6822 · www.riverhead.net



ATTENDANCE REPORT – HOME INSTRUCTION

Student's Name: _____ Teacher's Name: _____

Address: _____ Subject(s): _____

Time Period: From _____ To _____

Date	Subject	Time Started	Time Completed	# of Hours	Parent Signature

TOTAL NUMBER OF HOURS _____