

Westbury Union Free School District
6 Hitchcock Lane
Old Westbury, New York 11568

Student: _____ November 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 _____

Monday	Tuesday	Wednesday	Thursday	Friday
2 Start: _____ End: _____	3 Start: _____ End: _____	4 Start: _____ End: _____	5 Start: _____ End: _____	6 Start: _____ End: _____
9 Start: _____ End: _____	10 Start: _____ End: _____	11 Start: _____ End: _____	12 Start: _____ End: _____	13 Start: _____ End: _____
16 Start: _____ End: _____	17 Start: _____ End: _____	18 Start: _____ End: _____	19 Start: _____ End: _____	20 Start: _____ End: _____
23 Start: _____ End: _____	24 Start: _____ End: _____	25 Start: _____ End: _____	26 Start: _____ End: _____	27 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

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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.)