

Cold Spring Harbor C S D
75 Goose Hill Road
Cold Spring Harbor, NY 11724

Home Teaching Progress Report

Student: _____ Month _____ 2024/2025

Tutor: _____

Subject: _____ Grade Level _____

Week 1: _____

Week 2: _____

Week 3: _____

Week 4: _____

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.)

FINAL GRADE _____