

**Hicksville Public School District  
200 Division Avenue  
Hicksville, NY 11801**

**Home Teaching Monthly Report**

Student: \_\_\_\_\_

January 2025

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 Holiday Recess	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 Martin Luther King Day	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 Lunar New Year	30 Start: _____  End: _____	31 Start: _____  End: _____	

I hereby certify that home teaching was provided to 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@dynamic Tutoring Services.com](mailto:admin@dynamic Tutoring Services.com)  
Dynamic Tutoring Services, LLC ~ P. O. Box 1682 ~ Port Washington, New York 11050 ~ 516-477-9215