

**Center Moriches Union Free School District
529 Main Street Center Moriches,
NY 11934-2206**

Home Teaching Monthly Report

Student: _____

March 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 |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| | 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: _____ | 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@dynamictutoringservices.com
Dynamic Tutoring Services, LLC ~ P. O. Box 1682 ~ Port Washington, New York 11050 ~ 516-477-9215