

Clarkstown Central School District  
62 Old Middletown Road  
New City, NY 10956

Home Teaching Monthly Report

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

February 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 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 <b>Winter Recess</b>	18 <b>Winter Recess</b>	19 <b>Winter Recess</b>	20 <b>Winter Recess</b>	21 <b>Winter Recess</b>	22 Start: _____  End: _____
23 Start: _____  End: _____	24 Start: _____  End: _____	25 Start: _____  End: _____	26 Start: _____  End: _____	27 Start: _____  End: _____	28 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](mailto:admin@dynamictutoringservices.com)  
Dynamic Tutoring Services, LLC ~ P. O. Box 1682 ~ Port Washington, New York 11050 ~ 516-477-9215