

**Cold Spring Harbor Central School District  
75 Goose Hill Road,  
Cold Spring Harbor, NY 11724**

**Home Teaching Monthly Report**

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

**April 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 Spring Recess	15 Spring Recess	16 Spring Recess	17 Spring Recess	18 Spring Recess	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: _____			

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)  
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