

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

**Home Teaching Monthly Report**

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

**May 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 Start: _____  End: _____
18 Start: _____  End: _____	19 Start: _____  End: _____	20 Start: _____  End: _____	21 Start: _____  End: _____	22 Start: _____  End: _____	23 Memorial Day Weekend	24 Memorial Day Weekend
25 Memorial Day Weekend	26 Memorial Day	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](mailto:admin@dynamictutoringservices.com)  
 Dynamic Tutoring Services, LLC ~ P. O. Box 1682 ~ Port Washington, New York 11050 ~ 516-477-9215