

**Port Washington Union Free School District
90 Avenue C
Port Washington, NY 11050**

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
Dynamic Tutoring Services, LLC ~ P. O. Box 1682 ~ Port Washington, New York 11050 ~ 516-477-9215