

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

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 Eid al Fitr					

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