

**Riverhead Central School District
20 School Street
Riverhead, New York 11901**

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 Winter Recess	18 Winter Recess	19 Winter Recess	20 Winter Recess	21 Winter Recess	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
Dynamic Tutoring Services, LLC ~ P. O. Box 1682 ~ Port Washington, New York 11050 ~ 516-477-9215