

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

**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<br>Start: _____<br><br>End: _____  | 4<br>Start: _____<br><br>End: _____  | 5<br>Start: _____<br><br>End: _____  | 6<br>Start: _____<br><br>End: _____  | 7<br>Start: _____<br><br>End: _____  | 8<br>Start: _____<br><br>End: _____  |
| 9<br>Start: _____<br><br>End: _____  | 10<br>Start: _____<br><br>End: _____ | 11<br>Start: _____<br><br>End: _____ | 12<br>Start: _____<br><br>End: _____ | 13<br>Start: _____<br><br>End: _____ | 14<br>Start: _____<br><br>End: _____ | 15<br>Start: _____<br><br>End: _____ |
| 16<br>Start: _____<br><br>End: _____ | 17<br>Start: _____<br><br>End: _____ | 18<br>Start: _____<br><br>End: _____ | 19<br>Start: _____<br><br>End: _____ | 20<br>Start: _____<br><br>End: _____ | 21<br>Start: _____<br><br>End: _____ | 22<br>Start: _____<br><br>End: _____ |
| 23<br>Start: _____<br><br>End: _____ | 24<br>Start: _____<br><br>End: _____ | 25<br>Start: _____<br><br>End: _____ | 26<br>Start: _____<br><br>End: _____ | 27<br>Start: _____<br><br>End: _____ | 28<br>Start: _____<br><br>End: _____ | 29<br>Start: _____<br><br>End: _____ |
| 30<br>Start: _____<br><br>End: _____ | 31<br>Start: _____<br><br>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