

**Sewanhaka CSD  
77 Landau Avenue  
Florel Park, NY 11001**

**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 Spring Recess
20 Spring Recess	21 Spring Recess	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](mailto:admin@dynamictutoringservices.com)  
Dynamic Tutoring Services, LLC ~ P. O. Box 1682 ~ Port Washington, New York 11050 ~ 516-477-9215