

Sewanhaka CSD
77 Landau Avenue
Florel Park, NY 11001

Home Teaching Monthly Report

Student: _____

May 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 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 Memorial Day | 27 Start: _____ End: _____ | 28 Start: _____ End: _____ | 29 Start: _____ End: _____ | 30 Start: _____ End: _____ | 31 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@dynamicutoringservices.com
Dynamic Tutoring Services, LLC ~ P. O. Box 1682 ~ Port Washington, New York 11050 ~ 516-477-9215