

Syosset CSD  
99 Pell Ln  
Syosset, NY 11791

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<br>Start: _____<br><br>End: _____  |
| 2<br>Start: _____<br><br>End: _____  | 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><b>Winter Recess</b>           | 18<br><b>Winter Recess</b>           | 19<br><b>Winter Recess</b>           | 20<br><b>Winter Recess</b>           | 21<br><b>Winter Recess</b>           | 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: _____ |                                      |

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)  
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