Hicksville Public Schools
Dept. of Sp. Ed and PPS Administration Building,
200 Division Avenue
Hicksville, New York 11801

Home Teaching Monthly Report

Student: _____ January 2027

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
Start:_____ End:_____	Start:_____ End:_____				1 Start:_____ End:_____	2 Strt:_____ 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 Start:_____ End:_____	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@dynamictutoringservices.com
Dynamic Tutoring Services, LLC ~ P. O. Box 1682 ~ Port Washington, New York 11050 ~ 516-477-9215