

**Commack Union Free School District
Hubbs Administration Center Clay Pitts Road
East Northport, NY 11731**

Home Teaching Monthly Report

Student: _____ **November 2026**

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 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
Dynamic Tutoring Services, LLC ~ P. O. Box 1682 ~ Port Washington, New York 11050 ~ 516-477-9215