

HAMPSHIRE COUNTY SCHOOLS
SPECIAL EDUCATION PROGRAM

HOMEBOUND INSTRUCTION RECORD SHEET

Student being tutored: _____

Address: _____

Phone: _____

Name of Teacher Assigned: _____

Address: _____

Phone: _____ Employee ID #: _____

The following record of tutoring time is to be kept and will serve as a basis for payment of service rendered. Only the actual time spent in the home tutoring the child will be counted toward time taught and will be reimbursed.

Tutoring Time Record

Date	Began	Stopped	Total
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed: _____

Approved: _____

Date: _____

Account Code: _____