

FREEDOM AREA SCHOOL DISTRICT Homebound Instruction Time Sheet

Name _____

Month of _____

Position _____

Worked For _____

School _____

Date	Start Time	End Time	Total Hours*	Date	Start Time	End Time	Total Hours*
1st				17th			
2nd				18th			
3rd				19th			
4th				20th			
5th				21st			
6th				22nd			
7th				23rd			
8th				24th			
9th				25th			
10th				26th			
11th				27th			
12th				28th			
13th				29th			
14th				30th			
15th				31st			
16th				--			

* Hours are to be reported in no less than quarter hour increments.

Total

Employee Signature

Date

Administrative Approval Signature

Date

Please complete information on reverse!



Monthly Report of Home Instruction of Homebound Children

Name of Child: _____

Nature of Ailment: _____

Age: _____ Sex: _____

Present grade: _____ School: _____

Last grade attended: _____ Date: _____

Report of Progress of Child:

Give qualitative statements for items 1,2 and 3. Give letter or numerical grades for academic progress together with any qualitative statements. Report subjects in which instruction was given and grade level, unless child is doing the work of the grade in which he/she is placed.

1. Emotional: _____

2. Social: _____

3. Physical: _____

4. Academic: _____

Date

Signature of Teacher

Signature of Building Principal