



Monthly Teaching Record

Teacher's Name _____
 Student's Name _____
 Student's Address _____
 Parent's or Guardian's Name _____

Boundary School _____
 Grade _____ Internet Access Yes No
 Student's Phone _____
 Parent's or Guardian's Phone _____

SPECIAL CONSIDERATIONS
ELL Yes <input type="checkbox"/> No <input type="checkbox"/>
WIDA Level _____
IEP Yes <input type="checkbox"/> No <input type="checkbox"/>
Current IEP Yes <input type="checkbox"/> No <input type="checkbox"/>
Classification _____
<input type="checkbox"/> Self-Contained <input type="checkbox"/> Cluster <input type="checkbox"/> Special School
504 Yes <input type="checkbox"/> No <input type="checkbox"/>
Internet Access Yes <input type="checkbox"/> No <input type="checkbox"/>
Accommodations Needed _____

Date of Visit	Arrival Time	Departure Time	Miles traveled to and from Student's Home	Comments

Parent's or Guardian's Signature _____
 (Monthly)

Administrator's Signature _____ Date referred _____ Date terminated _____
 (Monthly) (Not to exceed 15 school days without permission of Area Administrator over schools)

For payment of services, return white copy of this form with the payroll time sheet and mileage report form to your Administrator

Distribution of copies: White- H & H Administrator • Yellow- H & H Teacher