



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 _____	

Monthly Teaching Record

Teacher's Name Jane Austen
 Student's Name Lydia Bennett
 Student's Address 5360 W 7000 S, West Jordan, 84081
 Parent's or Guardian's Name Elizabeth Bennett

Boundary School Copper Hills High School
 Grade 10 Internet Access Yes No
 Student's Phone (801)888-8888
 Parent's or Guardian's Phone (801)777-7777

Date of Visit	Arrival Time	Departure Time	Miles traveled to and from Student's Home	Comments
9/6/2022	3:00	3:30	prep at school	Sent emails to set up appt., met with Lydia's teachers, gathered work
9/7/2022	3:00	5:00	2 miles	welcome visit, signed disclosure forms, gave assigned work
9/13/2022	3:00	3:30	prep at school	sent emails to mom, Lydia and her teachers to get the work for her
9/14/2022	3:00	5:00	2 miles	Checked work from last week, assigned new work, helped with science
9/20/2022	3:00	3:30	prep at school	collected work to take to Lydia, sent emails, checked work on skyward/canvas
9/21/2022	3:00	4:00	2 miles	Student did not show up, waited 30 minutes
9/27/2022	3:00	3:30	prep at school	Visited with mom on phone to confirm tomorrow's appt and checked on work
9/28/2022	3:00	5:00	2 miles	Administered a test in biology, helped with language arts and math.

Parent's or Guardian's Signature *Elizabeth Bennett*
 (Monthly)

Administrator's Signature *George Weekhan* 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

Jordan School District Timesheet


Timesheet MUST be turned in monthly


Legal Name _____ Jane Austen _____

Are you a student in Jordan School District? YES NO
(place an X in the proper box)

Home Base School or Department (REQUIRED)	Distribution Number to be Charged
Copper Hills High School	10 E 703 9410 1015 131

Date	School/Loc Where Worked	Kind Of Work	Time In	Time Out	Total Hours Worked (minus lunch)	Pay Per Hour Regular Rate
6-Sep	CHHS	Preparation	3:00	3:30	0.5	46.22
9/7/2022	Lydia's home	H&H Teaching	3:00	5:00	2	
9/13/2022	CHHS	Preparation	3:00	3:30	0.5	Pay Per Hour Overtime Rate
9/14/2022	Lydia's home	H&H Teaching	3:00	5:00	2	
9/20/2022	CHHS	Preparation	3:00	3:30	0.5	Pay Per Shift Differential
9/21/2022	Lydia's home-no show	H&H Teaching	3:00	4:00	1	
9/27/2022	CHHS	Preparation	3:00	3:30	0.5	
9/28/2022	Lydia's home	H&H Teaching	3:00	5:00	2	
Total Hours					9	


Employee Signature


Approved (school)

Approved District(if required)

