



**JORDAN**  
Home & Hospital  
Student Intervention Services  
7387 S. Campus View Drive  
West Jordan, UT 84084  
(801) 567-8187

**Monthly Teaching Record**

SPECIAL CONSIDERATIONS	
ELL	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
WIDA Level	_____
IEP	Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/>
Internet Access	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Accommodations Needed	_____
	_____
	_____

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	<b>Student did not show up, waited 30 minutes</b>
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

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



