



SPECIAL CONSIDERATIONS

ELL Yes No

WIDA Level _____

IEP Yes No

Current IEP Yes No

Classification _____

Self-Contained Cluster Special

School 504 Yes No

Internet Access Yes No

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

