

ROGERS PUBLIC SCHOOL DISTRICT HOMEBOUND TEACHER REPORT

Date: _____

This is to certify that _____ (Teacher) has taught _____ (Student) for _____ hours

Homebound Teacher SS# _____ School: _____

Please complete the following:

For Month of: _____

Day of Week	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	
Day of Month																						
Hours Per Day																						

CODING FOR OFFICE USE ONLY

Total Days _____ @ \$25.00/hr _____ Amount Due \$ _____
 Tutorial Hours _____
 Planning Hours _____
 Total Hours _____
 reg (1000-1196-999-000-00-61110) _____
 cls sped (2000-1214-999-200-00-61120) _____
 cls reg (2000-1196-999-000-00-61120) _____

I certify that my child was taught the above number of hours. Signed: _____
 Parent/Guardian

I certify that the above is a true record of my teaching/preparation. Signed: _____
 Teacher

Approved for Compensation: _____ Approved: _____
 Assistant Superintendent / Date Principal/Designee

This form must be signed by the parent or guardian of the homebound student to verify the exact number of hours taught.

This report is to be submitted to the Assistant Superintendent for Secondary at the end of each month.