

ROGERS PUBLIC SCHOOL DISTRICT HOMEBOUND TEACHER REPORT

Date: _____

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

Homebound Teacher SS# _____ School: _____

For Month of: _____ Please complete the following:

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 _____ Tutorial Hours _____ SPED 1000-1214 _____ 200 00-61110 _____ Amount Due \$ _____
 Planning Hours _____ REG 1000-1196 _____ 000 00-61110 _____
 Total Hours _____ @ \$25.00/HR CLS SPED 2000-1214 _____ 200-00-61120 _____
 CLS REG 2000-1196 _____ 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: _____ Assistant Superintendent / Date _____ Approved: _____ 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.