

20 __ - 20 __

HOMEBOUND SUBSTITUTE TEACHER

Substitute Name _____

Month / Year _____

Number of Hours _____

Student Name & Grade _____

1. Please fill out one sheet for each student.
2. Please submit this form by the first of the month.
3. Please fill in the dates for the calendar month below and mark the days taught with the total hours taught. You must teach only on days when school is in session. With a **minimum** of one hour per day, five hours per week.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SIGNATURE _____

PRINCIPAL'S SIGNATURE _____