Minford Local School District

Home Instruction Timesheet/Service Log

Home Instruction Teacher: _____

Student's Name: _____ Grade: _____

Address: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

*Home instruction will be provided to students based on the services required in their IEP or up to five hours per week. Documentation of times on this timesheet/service log must accurately reflect the actual times spent delivering home instruction to the student. Document hours on the day of the week services were actually provided.

*Timesheets are to be turned in weekly to the building principal, or special education supervisor for students with IEPs.

*Mileage must be tracked on the Home Instruction Mileage Reimbursement Sheet that can be found on the school district website.

Home Instruction Provided: Week of: _____

Day of Week	Date	Start Time	End Time	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Total Hours of Instruction for Week: _____ hours

**I do hereby certify that the above are actual dates and instructional hours rendered to the student:*

Home Instructor: _____ Date: _____

Parent/Guardian: _____Date: _____

Principal/Supervisor: _____Date: _____