

MINFORD LOCAL SCHOOL DISTRICT INTERVENTION REPORT

Teacher's Name: _____

School Building: _____ Intervention For: _____

Dates	Start Time	Finish Time	Hours	# Of Students
MON				
TUES				
WED				
THUR				
FRI				
WEEKLY TOTAL				
MON				
TUES				
WED				
THUR				
FRI				
WEEKLY TOTAL				

The above indicates the actual instructional hours rendered to the students.

Teacher's Signature

Date

Principal's Signature

Date

To be completed by intervention teacher and signed by the principal. Return one copy of this completed and signed form with attached invoice to:

Treasurer's Office
Minford Board of Education
PO Box 204
Minford, OH 45653

Office Use Only:
Date rec'd. _____
Rec'd By _____
Pay Date _____