

CENTRAL POINT SCHOOL DISTRICT #6 HOME TEACHER TIME SHEET

NAME: _____
 MONTH: _____
 YEAR: _____

STUDENT NAME: _____

SPECIAL EDUCATION? (Please circle one)

DATE	START	END	TOTAL HOURS	NOTES: <i>Example - Planning or Instruction?</i>	FROM: STUDENT'S RESIDENT SCHOOL	TO: ADDRESS OF STUDENT OR MEETING PLACE	MILES
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

TOTALS - _____

D.O. USE ONLY - ACCOUNT CODE	HOURS	RATE	TOTAL	MILES	RATE	TOTAL
GRAND TOTAL						

EMPLOYEE SIGNATURE _____

SUPERVISOR SIGNATURE _____