

ROGERS PUBLIC SCHOOL DISTRICT HOMEBOUND TEACHER REPORT

Date: _____

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

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	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 _____ @ \$35.00/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: _____ Approved: _____
Assistant Superintendent / Date 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.