

HARLAN COUNTY BOARD OF EDUCATION - HOME/HOSPITAL INSTRUCTION PROGRAM

Home Visit Time Sheet for Teachers (One student per time sheet, original copies only)

	Date	Time (Start & End)	Name of Student	Duration of Visit (1 hr)
M	_____	_____	_____	_____
	_____	_____	_____	_____
T	_____	_____	_____	_____
	_____	_____	_____	_____
W	_____	_____	_____	_____
	_____	_____	_____	_____
Th	_____	_____	_____	_____
	_____	_____	_____	_____
F	_____	_____	_____	_____
	_____	_____	_____	_____

Total Weekly Hours

	Date	Time (Start & End)	Name of Student	Duration of Visit (1 hr)
M	_____	_____	_____	_____
	_____	_____	_____	_____
T	_____	_____	_____	_____
	_____	_____	_____	_____
W	_____	_____	_____	_____
	_____	_____	_____	_____
Th	_____	_____	_____	_____
	_____	_____	_____	_____
F	_____	_____	_____	_____
	_____	_____	_____	_____

Total Weekly Hours

Two Weeks Total Hours

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TEACHER SIGNATURE _____

ID NUMBER (MUST BE INCLUDED) _____

DATE _____

PROGRAM DIRECTOR _____

SCHOOL _____