MONTHLY SUPPLEMENTAL EDUCATIONAL SERVICES INDIVIDUAL STUDENT ATTENDANCE REPORT (IN-HOME TUTORING VERSION) Tutoring Location Name: Student Name: _____ Student ID #: _____ Tutor(s) Full Name: _____ Provider Name/Code: Reporting Month/Year: _____ (submit monthly by the 5th of each month.) Maximum # of Annual Billable Hours: Total Billable Hours this Month: 5 6 11 12 13 15 17 18 19 21 23 25 30 31 No. of Hours Print Student's Initials Print Parent's Initials (Required for In-home Tutoring) Print Tutor's Initials Important! - Hours of services will be removed if the listed tutor(s) was/were not cleared prior to providing services, tutors', students', or parents' initials (for in-home tutoring) are missing or wrong, and/or white out was used on student's Dates/Hours/Initials, and/or on Tutor's Name, Initials or Signature. Certification of Provision of Services: I hereby certify that Supplemental Educational Services have been provided to the above named student on the dates and for the times indicated herein. I also certify that at least one Progress Report has been completed for this month. I understand that any material misrepresentation may subject me to criminal, civil and/or administrative action. Tutor's Full Name Tutor's Signature Date

Tutor's Full Name

Tutor's Signature

Date

Tutor's Full Name

Tutor's Signature

Date

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Date

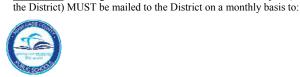
Tutor's Signature

Date

I hereby certify that the above named tutor(s) have met the minimum qualifications established as the Title I standards for paraprofessionals, such as an earned secondary school diploma and two years of college (equivalent to 60 semester hours) or an Associate's Degree, or have passed a local paraprofessional academic assessment and/or course. Also, I certify that the above named tutor(s) have met Level 2 screening requirements as described in § 1012.32, Florida Statutes and have been fingerprinted/drug tested, and received background/drug screening clearance by the M-DCPS Title I Administration Office prior to the time they begin working with students. I also certify that at least one Progress Report has been provided for this month to the student's parent and homeroom teacher.

Supervisor (print)

Date



NoChild LeftBehind FM-7352-In-Home Tutoring

<u>Directions:</u> The original Individual Student Attendance Report (with original signatures in blue ink by the Principal of the Provider Agency, or authorized representative as substantiated by affidavit on file with