GARAWAY LOCAL SCHOOLS

Home Instruction Report

Student Name: _____

Address: _____

_____

Teacher Name: _____

Days and Hours of Instruction

Date	Number of Hours Prep	Number of Hours Instructional	Remarks
TOTAL:			

* One hour of prep time is allowed for every two hours of instructional time.

_____

Teacher, Signature Date

_____

Building Administrator Approval, Signature Date