



Guidance & Career Development

Email: HomeInstruction@tdsb.on.ca

Home Instruction Teacher: _____

Student: _____

School Contact: _____

Term of Home Instruction: _____

Attached is the Weekly Home Instruction Time Sheet to be used for each student. This sheet should be photocopied for future use.

Please email HomeInstruction@tdsb.on.ca, by 4:30 p.m. (at the latest) on the Monday following your work week . Home Instruction teachers are paid on the same bi-weekly schedule as full time teachers with a delay of one pay period between the entry of the time sheet and the payment for it. Because of this, late submissions are accepted but there may be a delay of payment for those submissions.

NOTE: Please ensure that the time sheet is filled out completely including student name, reporting period and parental/guardian signature as it cannot be processed without this information.

Duties of a Home Instruction Teacher

- Contacts the parent/guardian when home instruction is approved to explain the program and arrange a date and time for the first visit
- Arranges, through school contact, to obtain necessary texts, course(s) of study, materials, assignments, projects, tests, academic information and any other relevant information **from classroom teacher**
- Prepares and manages the learning platform to deliver remote, synchronous, home instruction using Brightspace for the allotted number of weekly hours
- Maintains **regular communication with classroom teacher** re student progress, assignments, etc. and participates in meetings related to the needs of the student when necessary
- Reports educational progress to parent/guardian, Co-ordinator / Consultant of Guidance and Social/Personal Skills Development on a regular basis, including a **summary report upon discontinuation** of home instruction
- Submit time sheets to HomeInstruction@tdsb.on.ca on a **weekly** basis

Rate of Pay

- The rate of pay is \$38.20 per hour, plus vacation pay and pay for statutory holidays
- Home instruction teachers are paid for actual student contact time only

Thank you for your assistance with the Home Instructional needs of our students.





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To be submitted weekly to the Guidance & Career Development Department.

TEACHER'S NAME: _____

EMPLOYEE NUMBER: _____

STUDENT'S NAME: _____

SCHOOL: _____

REPORTING PERIOD: From _____ **To** _____

Sunday
Saturday

HOURS OF WORK

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
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The hours worked per day: Report hours worked to 2 decimal places as follows:

1.00 = one hr. .5 = half hr. .25 = quarter hour

Parent's Signature: _____

Employee Signature: _____

Coordinator Approval: _____

