

Quarterly Report

Date:
Please Indicate Quarter:
riease indicate Quarter.
Name of Child:
Grade Level:
orace bever.
A J J.,
Address:
Name of Parent:
Name of Parent:

Description	Grade
	Description

Child's Name

received a total of 225 hours (or more) of instruction. (225 hours for grades 1-6 or 247.5 hours for grades 7-12)

Individual(s) Providing Instruction