

MINFORD LOCAL SCHOOL DISTRICT  
AFTER SCHOOL INTERVENTION REPORT

Teacher's Name: \_\_\_\_\_

School Building: \_\_\_\_\_ Intervention For: \_\_\_\_\_

Dates	Start Time	Finish Time	Hours	# Of Students
MON				
TUES				
WED				
THUR				
FRI				
WEEKLY TOTAL				
MON				
TUES				
WED				
THUR				
FRI				
WEEKLY TOTAL				

The above indicates the actual instructional hours rendered to the students.

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

To be completed by intervention teacher and signed by the principal. Return one copy of this completed and signed form with attached invoice to:

Treasurer's Office  
Minford Board of Education  
PO Box 204  
Minford, OH 45653

Office Use Only:  
Date rec'd. \_\_\_\_\_  
Rec'd By \_\_\_\_\_  
Pay Date \_\_\_\_\_