

New Jersey Department of Education Illustrative Time and Activity Report for Federally Funded Staff

2020-2021 School Year — Semi-Annual Reporting (100% funded)

Employee:	Position:			
LEA:	School:			
Certification Period (check one):				
☐ July 1, 2020 – December 31, 2020				
☐ January 1, 2021 – June 30, 2021				

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:30	Consult with staff regarding Title I students/curriculum				
8:30-8:45	Break	Break	Break	Break	Break
8:45–9:15	Special ed. support				
9:15-10:00	Small group reading				
10:00-10:30	Small group math	2 nd grade Title I reading/math	Small group math	2 nd grade Title I reading/math	Small group math
10:30-11:00	2 nd grade Title I reading/math				
11:00-11:30	Lunch Break				
11:30-11:45	Individual special ed. student catch-up				
11:45–12:35	Small group math				

Time	Monday	Tuesday	Wednesday	Thursday	Friday
12:35–1:05	Small group writing	Small group writing	Small group writing	Small group writing	Small group writing
1:05-1:20	Break	Break	Break	Break	Break
1:20-1:40	Title I prep	Title I prep	Title I prep	Title I prep	Title I prep
1:40-2:30	First grade Title I reading/math	First grade Title I reading/math	First grade Title I reading/math	First grade Title I reading/math	First grade Title I reading/math
2:30–3:00	Title I lesson planning and student learning plan follow-up	Title I lesson planning	Title I lesson planning and student learning plan follow-up	Title I lesson planning	Title I lesson planning and student learning plan follow-up
3:00–3:30	Title I lesson planning and student learning plan follow-up	Bus duty	Title I lesson planning and student learning plan follow-up	Bus duty	Title I lesson planning and student learning plan follow-up

Program or Cost Objective	Distribution of Time
Title I, Part A – Improving the Academic Achievement of the	100%
Disadvantaged	

I certify that I performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

Employee Signature: Date: 12/31/20

I certify that I have firsthand knowledge that the above employee performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

Supervisor Signature: Date: 12/31/20