

Lower Merion School District

M E M O

To: Student Services/Guidance

From: _____, Homebound/Instruction in the Home Tutor

Date:

Re: Begin/End Tutoring for: _____

School: _____

Grade: _____

Subject: _____

The **first date** on which I tutored the above-named student: ____/____/____.

The **final date** on which I tutored the above-named student before he/she returned to school or my services as homebound tutor were terminated: ____/____/____.

Signature of Tutor

Please Note:

Return these forms as soon as possible after your first tutoring session and within 24 hours of the final tutoring session.

Thank you,

Student Services/Guidance

cc: Building Principal
School Counselor
Building Nurse