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TIFFIN CITY SCHOOLS
HOME INSTRUCTION TUTOR
TIME REPORT

STUDENT NAME _____ **TUTOR NAME** _____

GRADE _____ **SCHOOL** _____ **MONTH(S) OF:** _____

DATE Month/Day/Year	HOURS From	HOURS To	TOTAL

Total Hours _____

Termination Date of Tutoring _____ (when applicable)

Tutor Signature _____

Approved (Central Office) _____

Maximum hours of home instruction allowable – one <u>hour</u> of tutoring for each day the student cannot attend school due to the impairment/confinement.

This form should be returned at the end of the month or at the termination of the tutoring service to the TCS Central Office, 244 South Monroe Street, Attn: Lindsay Rellinger