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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	To	TOTAL

Total Hours _____

Termination Date of Tutoring _____ **Tutor Signature** _____
(when applicable)

Approved (Supr.) _____ **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 St., Tiffin, OH 44883.