



145 SE Salmon Avenue  
Redmond, Oregon 97756

(541) 923-5437

## Redmond School District Special Services Office

### TUTORING TERMINATION DATE

Date: \_\_\_\_\_

TO: \_\_\_\_\_, counselor at  
\_\_\_\_\_ School.

FROM: \_\_\_\_\_, Home Tutor

This is to inform you that \_\_\_\_\_(student), has completed  
home tutoring effective\_\_\_\_\_.

Thank you for your cooperation.

Form B

H:\MEDICAL TUTOR\home tutor end date.doc;jaw 9-28-06

