



145 SE Salmon Avenue
Redmond, Oregon 97756

(541) 923-5437

Redmond School District Special Services Office

TUTORING START DATE

Date: _____

TO: _____, counselor at
_____ School.

FROM: _____, Home Tutor

This is to inform you that _____(student), will begin home
tutoring effective _____.

Thank you for your cooperation.

Form A

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

