

**Annapolis Valley Regional School Board
HOMEBOUND TUTOR SERVICE REPORT
(to be submitted by tutor to school principal)**

Student Information:

Student: _____ For Report Period: _____

School: _____ Grade: _____

School Liaison:

Principal: _____ Date: _____

Tutor service start date: _____ and expected end date: _____

Summary of Lessons *(attach additional information if required):*

Subject: _____

Subject: _____

Subject: _____

General Progress: _____

Termination of Homebound Tutor Service:

Date of final session: _____ Total sessions over duration of service: _____

Tutor Signature

Principal Signature