



## Guidance, Career Development & Well-Being

Fax: 416.394.6420

**TO:** Program Coordinator: Guidance, Career Development & Well-Being    **DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

### RE: DISCONTINUING HOME INSTRUCTION

The last day of teaching for \_\_\_\_\_  
*(Student's Name)*

was on \_\_\_\_\_  
*(Date)*

The following is(are) the reason(s) for Home Instruction being discontinued:

- Student returned to school.
- Other (Please explain)

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\_\_\_\_\_  
*(Signature of Home Instruction Teacher)*

