



Guidance, Career Development & Student Well-Being

Email: HomeInstruction@tdsb.on.ca

TO: Coordinator, Guidance, Career Development & Student 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)

Please include your Digital Signature OR your Typed Signature below.

(Digital Signature of Home Instruction Teacher)

OR

(Typed Signature of Home Instruction Teacher)
By typing your name above, you are agreeing that your typed signature is the legal equivalent of your manual signature on this time sheet.

