Teacher/Tutor Communication Form

Student Name: __________________________________________
Tutor Name: __________________________________________
Email: ______________________ Phone: ________________

Dear Teacher,

I am tutoring ___________________________ on a weekly basis to improve his/her academic achievement. I want to do everything I can to help them be the best possible student in your classroom, and would like your help. I would very much appreciate it if you could provide your email address and phone number below to enable us to communicate and discuss my student’s strengths and needs. Also, if you would, please use the comments area below to provide any information you think would help focus my tutoring sessions.

The attached Release of Information form signed by my student’s parent/legal guardian is for your records. Thank you in advance for taking the time to communicate with me about my student’s progress.

Teacher Name: __________________________________________
Email: ______________________ Phone: ________________

Comments:

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Revised 8/09
Release of Information

I, ____________________________________________, as the parent/legal guardian of ____________________________________________, hereby give my permission to ____________________________________________ to speak with my child’s teacher(s) to plan educational goals for them as well as to request academic records and supplemental materials for activities during tutoring sessions.

Please check one:  □ Yes    □ No

___________________________________________  ______________________________
Parent/Legal Guardian Signature                  Date

Please retain for your records

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