



Name of Tutor: \_\_\_\_\_

**Weekly Tutoring Statement (Single Student ONLY)**

Name of Student	Address	Grade	School

*I have provided tutoring to the above student who are residents of Ravenna-Coeymans-Selkirk CSD*

CSE       Regular Ed.  
 (Check appropriate box)

Home       School  
 (Check appropriate box)

Date of Service	Time In	Time Out	# of Hours	Cost per Hour** 1 Student = \$27	Total

**\*\*No additional Prep time should be added-only tutoring time is paid at the new rate\*\***

Instructional Focus:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bldg. Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

District Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Based on NYS Education Department guidelines (CR 175.21) home tutoring must be provided as follows:  
 a. Grades K-5 (Elementary) -- 1 hour per school day (5 hours minimum)  
 b. Grades 6-12 (Secondary) – 2 hours per school day (10 hours minimum)

District Office Use:  
 CSE Code: A2250-152-00-0000  
 Regular Ed Code: A2110-151-00-0000



Name of Tutor: \_\_\_\_\_

**Weekly Tutoring Statement (Two/Three Students ONLY)**

	Name of Student	Address	Grade	School
1				
2				
3				

*I have provided tutoring to the above students who are residents of Ravena-Coeymans-Selkirk CSD*

CSE       Regular Ed.  
 (Check appropriate box)

Home       School  
 (Check appropriate box)

Instructional Focus:

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Date of Service	Time In	Time Out	# of Hours	Cost per Hour** 2 Students = \$40 3 Students = \$50	Total

\*\*No additional Prep time should be added-only tutoring time is paid at the new rate\*\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bldg. Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

District Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Based on NYS Education Department guidelines (CR 175.21) home tutoring must be provided as follows:  
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