



## Weekly Tutoring Statement

Name of Student	Address	Grade	School

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

<input type="checkbox"/> CSE (Check appropriate box)	<input type="checkbox"/> Regular Ed. (Check appropriate box)
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<input type="checkbox"/> Home (Check appropriate box)	<input type="checkbox"/> School (Check appropriate box)
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Date of Service	Time In	Time Out	# of Hours	Cost per Hour** 1 Student = \$37 2 Students = \$50 3 Students = \$60	Total

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

Instructional Focus:  <hr/> <hr/>
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Revised 8-2-2023

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

Date of Service	Time In	Time Out	# of Hours	Cost per Hour** 1 Student = \$37 2 Students = \$50 3 Students = \$60	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: \_\_\_\_\_

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Instructional Focus:

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District Office Use:

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