



Name of Tutor/Teacher/Computer Lab Aide (Full Name)

Days Holding Sessions

Please write down the days that tutoring is held

Write subjects
been tutored

Subject Area

Write the
Campus
Name

Campus

Time of Sessions

Month

- ☐ *Title I, Part A (After School Tutoring)*
☐ *State Compensatory Education (Saturday Tutori*
☐ *State Compensatory Education (Para-Professionu*

*The after school and Saturday small group tutoring is set up to include **no more than 16 students to a class and no fewer than 8.***

**It is important that student rosters are completed correctly for accountability and compliance.*

On each session mark student
Present with (P) or (A) if absent

On each session mark student Present with (P) or (A) if absent					SEPTEMBER								SEPTEMBER							SEPTEMBER							SEPTEMBER						
ID#	NAME	GR.	Eco. Dis.	AT-Risk	S	M	T	W	T	F	S	M	T	W	T	F	S	M	T	W	T	F	S	M	T	W	T	F	S				
189632	John Doe	9	√	√								P	P	P				P	A					P	P	P							
999968	Maria Doe	9		√								P	A	A				A	P					P	A	A							

I certify that the above sessions were worked by me in the performance of my duties as a Tutorial Teacher.

Teacher's Printed Name

Principal's Printed Name _____

Teacher Signature

Principal's Signature

Teacher Signature _____

Principal's Signature

***Total hours worked**

 Total Hours worked