



# TUTORING FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Workday: \_\_\_\_\_

<i>To be completed by student</i>			<i>To be completed by tutor</i>		
Class	Teacher's Name	Current Grade Percentage in Class	Teacher Signature	Time in tutoring	Comments
				15      30 45      60	
				15      30 45      60	
				15      30 45      60	
				15      30 45      60	
				15      30 45      60	

***If on academic probation, a minimum of 1 hour per week of tutoring is required. Be sure to submit your signed tutoring form to Mr. Roberson by 8:00 AM, Friday morning (Thurs by 4:00 PM if you're a Friday worker).***



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*Additional Comments:*

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