Tutoring FY 19

School: _____

Teacher: _____

Date: _____

Time: _____

Student Name(Print)	Student Signature	Beginning Time	Ending Time
Total:			

*This form should be completed daily by each teacher for tutoring and submitted with stipend form for payment . Tutoring and stipends for teachers must be included in the ACSIP.

_____ Teacher Signature

_____ Total Teacher Hours