TUTORING SESSION COMPLETION LOG (Use one form per GROUP per MONTH.)

Tutor: _____ Month: _____ Year: _____

District: _____ School: _____ Tutoring Region: _____

Student 1: _____ Student 2: _____ Tutoring group: 1 2 3 (circle one)

Student 3: _____ Student 4: _____ **Total hours for this group this semester:** _____

Date	**Hours** (use decimals)	**Start time**	**End time**	**Signature: Student 1**	**Signature: Student 2**	**Signature: Student 3**	**Signature: Student 4**
Total hours on this form:							

I certify that the times, dates, and hours recorded on this form are accurate. SIGN HERE: _____

Due by the 1st of each month. Submit this form to your regional coordinator along with the Instructional Reporting Form.