



DISTRICT TUTORING FORM

Tutor: _____

Date: _____

Student: _____

Service Period: From: _____ To: _____

Date:	Start/End Time:	Total Hours:

TOTAL HOURS: _____

COST PER HOUR: \$35.00 per hour

TOTAL COMPENSATION: _____

Signature of Tutor: _____

Signature of District Designee: _____



Tutoring Form

Student Name: _____

Grade: _____

Location: _____

Please complete this form and turn it in along with your time sheet every Friday. This form, along with your time sheet must be submitted to Megan Bennett, mbennett@cohoes.org, for Ms. O'Shea's approval. Please also make sure the student's attendance is submitted to the appropriate building attendance person.

Date	Time(s)	Subject(s)	Work Completed:	Teacher Initials	Student Initials

I verify the information listed above is accurate.

Tutor's Name (Print)

Tutor's Signature

Date