

St. Helens School District Monthly Tutoring Record/ Time Sheet

Month / Year : _____

Tutoring due to health; physicians statement required: Yes No (please circle one)

Student's Name: _____ School: _____

Special Education: YES NO (Please circle one)

Tutor's Name: _____

Tutor's E-mail: _____

Tutor's Phone #: _____

- Please separate tutor (max 5 hours per week), prep (max 30 mins. per 5 hours tutoring) and no-show hours (max 1 hr. per scheduled session) below:

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Tutoring Hours	No Show Hours	Prep Hours
Week 1 Date	*Tutor: *No Show: *Prep:	Tutor: No Show: Prep:	Tutor: No Show: Prep:	Tutor: No Show: Prep:	Tutor: No Show: Prep:			
Week 2 Date	Tutor: No Show: Prep:	Tutor: No Show: Prep:	Tutor: No Show: Prep:	Tutor: No Show: Prep:	Tutor: No Show: Prep:			
Week 3 Date	Tutor: No Show: Prep:	Tutor: No Show: Prep:	Tutor: No Show: Prep:	Tutor: No Show: Prep:	Tutor: No Show: Prep:			
Week 4 Date	Tutor: No Show: Prep:	Tutor: No Show: Prep:	Tutor: No Show: Prep:	Tutor: No Show: Prep:	Tutor: No Show: Prep:			
Week 5 Date	Tutor: No Show: Prep:	Tutor: No Show: Prep:	Tutor: No Show: Prep:	Tutor: No Show: Prep:	Tutor: No Show: Prep:			
Please scan signed sheet to: donnar@sthelens.k12.or.us Questions Contact: Donna Rethati 503-366-7226						Monthly Total Hours:		

Tutor's Signature: _____ Date: _____
 (Signature Required)

Administrator's Signature: _____ Date: _____
 (Signature Required)