

**LAKOTA LOCAL SCHOOLS
HOME TUTORING TIME SHEET**
(To be completed and submitted monthly.)

****To be compensated for time tutored, you must complete and submit this time sheet for signatures no later than the 10th of the following month. Use a separate time sheet for each student.**

STUDENT INFORMATION

Name: _____ **Special Ed?** Yes No
Grade: _____ (circle one)

Reason for tutoring: _____

TUTOR Name: _____
(Please print.)

<u>DATE(S) OF HOME TUTORING</u>	<u>HOURL(S) OF TUTORING</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify this to be a true record of my time spent tutoring this student during this month.

Signatures _____ **Date** _____

Tutor _____

Building Administrator _____

Administration Office _____

THIS SPACE FOR OFFICE USE ONLY

TOTAL HOURS _____ @ _____ = \$ _____

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