

Title I Tutoring Sign-In Sheet

Date: _____

Teacher: _____

Time In: _____ Time Out: _____

Students:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

11) _____

12) _____

13) _____

14) _____

Curriculum/ Materials:

Comments:

Approved By: _____

Principal's Signature

Date

Teacher's Signature

Date