Tutor Record Sheet

Student's Name: _____

	July		August		September		October		November		December	
Day	**Tutoring**	**P/T**	**Tutoring**	**P/T**	**Tutoring**	**P/T**	**Tutoring**	**P/T**	**Tutoring**	**P/T**	**Tutoring**	**P/T**
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28												
29												
30												
31												
Total Hours												
Last Lesson (Sk. B./ Lesson)												