

MISSION CISD
2012-2013

Name of Tutor (Full Name) _____

Social Security No. _____

Campus _____

Days Holding Sessions _____

Time of Sessions _____

Room No. _____

Subject Areas _____

Month _____

On each session mark student present () or absent (Ab).

NAME	GR.	M	T	W	T	F	S	M	T	W	T	F	S	M	T	W	T	F	S	M	T	W	T	F	S
		1																							
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									

*Total sessions worked this month _____

I certify that the above sessions were worked by me in the performance of my duties as Tutorial Teacher.

Signature of Teacher

*NOTE: Tutors are to work a maximum of two sessions a week.
Students tutors are to work a maximum of four sessions a week.

Signature of Supervisor