

# MISSION C.I.S.D. TUTORIALS / EXTENDED DAY PROGRAM

\_\_\_\_\_  
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).

		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	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: A minimum of seven students must be in attendance to receive the hourly stipend.

\_\_\_\_\_  
Signature of Supervisor