After School Tutoring Program

Student's Name:		
Date:		
Subject(s):		
Regular Classroom Teacher(s): (For subject being tutored)	· · · · · · · · · · · · · · · · · · ·	¥ .
Current Chapter and Section/Topic:		
I need practice with:		
My teacher suggests I work on:		
Additional Practice Needed with PSSA Standards/Anchors:		**************************************
Signature of Regular Classroom Teacher	Signature of Student	***
Notes/Recommendations:	3	-
3		