

Tutorial Form / School Readiness

Student's Name: _____ Site / Classroom: _____

Parent's Name: _____ Teacher's Name: _____

EXAMPLE

Practice writing and counting numbers
1 -10

15m 30m 45m
1hr 1.5hr 2hr

Tutorials for the MONTH of _____

Write a brief description of the activity that you and your child engaged in and circle the appropriate time you spent.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr	15m 30m 45m 1hr 1.5hr 2hr

OFFICE USE ONLY - TOTAL HOURS

Parent's Signature: _____

Teacher's Signature: _____

Date: _____

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