



Title I Tutoring Roster

School: _____

School Year: _____

Tutor: _____

Date of Tutoring Session: _____

*Student Signature	Grade	Subject	Assignment	Time	
				Start	End

***Must be the signature of the student receiving services. Please note this form must be filled out completely to be considered valid documentation for tutoring services rendered on behalf of BCS. Please attach a copy of the completed form(s) to the service report and submit by the 1st of each month to the Federal Programs Office.**

Tutor Signature _____

Date _____

Principal Signature _____

Date _____