Tutoring Documentation Form

Plan4Learning CIP/DIP	
G - Goal	
O - Objective	
S - Strategy	

ORG# | **Campus:** | **Date of Tutoring:**

Budget Code: | **Employee Name:**

Check Employee Type	
	Teacher
	Tutor

Check Type of Tutoring	
	Before School Tutoring
	After School Tutoring
	Saturday Tutoring

Time In/Out	
Time In:	
Time Out:	

To be completed by Teacher/Tutor		
Grade Level(s)	**Subject(s)**	**TEKS Objective with brief student expectation**
Example: 3	*Reading*	*3.15B: Locate and use specific information in graphic features of text.*

To be completed by **Student Only**			
	Student Name (Please Print)	**Time In**	**Time Out**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Teacher tutoring before/after school or Saturday:

☐ By checking here, I certify that the tutoring/SCE/Title I, Part A eligible activities performed are duties beyond my regular contract hours and duties. I understand I will be compensated at the rate indicated in the compensation manual approved through Human Resources.

Teacher/Tutor Signature: | **Date:**

Tutoring Documentation Form Instructions

Org#	3-digit org number where the tutoring is taking place.
Campus	Campus name where the tutoring is taking place.
Date Of Tutoring	Date the tutoring is taking place Note: There must be one tutoring lesson plan completed for each day of tutoring.
Budget Code	Indicate the budget code the campus will be using to pay for the tutoring. Normally the Principal/Secretary will have this information, please ensure the budget code matches the budget code used on the Supplemental Pay form. Note: please ensure the budget code has available funds.
Employee Name	Please list first and last name. You must use a separate form for each tutor.
Type Of Employee	There are two different types of employees that can utilize the universal Tutoring Documentation Form. Check the box that describes the type of employee providing the tutoring.
Type Of Tutoring	Indicate the type of tutoring being conducted. If tutoring before and after school on the same day, two separate forms must be submitted.
Grade Level(s)	Indicate grade level(s) being tutored.
Subject(s)	Indicate subject(s) being tutored.
TEKS Objectives with brief student expectation.	Indicate the TEKS to address student needs with the brief student expectations.
Student Sign In	The student should sign in.
Time In/Time Out	Indicate time in/out- The student time in and out should be original for every day tutoring is conducted.
Certification Statement for Compensation Before Signing	Check, sign and date the certification statement.

At-Risk Criteria includes students who are:

- **Not making adequate academic progress as indicated by assessment instruments, grades, or retention**
- **Pregnant or parenting**
- **Place in a DAEP/AEP or expelled**
- **Involved with Juvenile Justice System**
- **Identified as previously dropped out of limited English proficiency**
- **In the custody or care of the Department of Protective and Regulatory Services, or have been referred to the department**
- **Homeless**
- **Residing in a residential placement facility, substance abuse facility, emergency shelter, psychiatric hospital, halfway house, or foster group home**