

BI-WEEKLY TUTORIAL REPORT

FALL 21 _____
 SPRING 22 _____

To be completed by tutor

MONTH: _____

STUDENT'S NAME _____

SUBJECT _____

TUTORIAL SESSIONS TAUGHT THIS MONTH:

DATE	Start time	End time	Comments

Note: Tutors cannot be paid for unauthorized additional sessions in excess of original contract.

No-Shows <i>(Please specify by date any scheduled sessions which student missed without notifying tutor)</i>

BRIEF PROGRESS REPORT: *(Please note excessive absences or tardiness)*

SIGNATURE:

TUTOR _____ DATE _____

TUTOR: RETURN COMPLETED REPORT TO OASDS NO LATER
THAN THE 1st or the 15th OF THE MONTH