Mansfield A+ Schools Program
Tutoring and Mentoring
Service Record

Student Tutor _____ Grade 9 10 11 12

Supervising Teacher _____

Date	Time	Location	Student Being Tutored	Activity	Supervisor

I verify that the information on this form, which will be used by the A+ Schools program to determine my tutoring requirement has been met, is correct.

Student Signature _____ Date _____

- *The supervising teacher is responsible for returning this form to the A+ Coordinator.*
- *Forms must be turned in at least once per quarter.*