



Print Name _____ Date Submitted _____

A+ Tutoring/Mentoring/Job Shadowing Log

Activity	Date	Start/End Time	Total Time	Supervisor Initials	Location

Total time for this sheet: _____

***I understand that it is my responsibility to log my hours each time I participate in tutoring, mentoring, or shadowing experiences and to return logs to the A+ Coordinator. I also understand that I can be removed from the tutoring program should my attendance or behavior not meet with school policy and or A+ Program requirements.**

PLEASE TURN IN HOUR LOG FORMS TO YOUR A+ COORDINATOR AFTER TUTORING / MENTORING / SHADOWING ACTIVITY IS COMPLETE

ALL HOURS AND FORMS MUST BE COMPLETE & SUBMITTED BY **MAY 1ST OF SENIOR YEAR**



North Tech Tutoring, Mentoring, Shadowing Evaluation

**This form should be filled out by each person that has supervised A+ hours for applicants
(All hours must be unpaid.)**

Student Name (Printed) _____ Graduation year _____

Date(s) of Service _____

Type of service: Tutor Mentor Shadow Total Hours _____

Location: _____

*Print Supervisor Name _____ Supervisor Phone _____

**Supervisors must be certified teacher within SSD or a partner district.*

Student Name (Printed) _____ Graduation year _____

Date(s) of Service _____

Type of service: Tutor Mentor Shadow Total Hours _____

Location: _____

*Print Supervisor Name _____ Supervisor Phone _____

**Supervisors must be certified teacher within SSD or a partner district.*