



# 2019 - 2020 REQUIRED TUTORING

**Student**

**NAME:**

**Subject**

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Math                       |
| <input type="checkbox"/> Science | <input type="checkbox"/> Social Studies             |
| <input type="checkbox"/> CTAE    | <input type="checkbox"/> Fine Arts/<br>Foreign Lang |

**Day**

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Tuesday  |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday    |                                   |

**Time**

**IF THE TIME VARIES, PLEASE PROVIDE A  
DESCRIPTION IN THE NOTES SECTION**

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> FLEX A | <input type="checkbox"/> FLEX B |
|---------------------------------|---------------------------------|

**Notes**

LEAD BY EXAMPLE - FOCUS ON SUCCESS - OWN YOUR ACTIONS



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