

AVID TUTORING LOG

Student Name _____ AVID Teacher _____ Dates _____

Subject	Original Grade	Teacher's Signature	Updated Grade

Please Do Not Sign Unless Student Merits Signature

Times	Monday Date: _____	Tuesday Date: _____	Wednesday Date: _____	Thursday Date: _____	Friday Date: _____
Morning					
Lunch					
After School					
Other/Pride					

Class(es)/Teacher: _____ Grade: _____

Focus

Goal(s): _____

Reflection of Tutoring/Questions I still have:

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