St. Joseph Christian High School

A+ Program Tutoring/Job Shadow Log

Student Name: _____

I understand that it is my responsibility to log tutoring hours and **turn in the logs to the A+ Coordinator quarterly**. I also understand that I can be removed from the tutoring program should my attendance or behavior no meet with school policy and/or A+ Program requirements.

Date	Activity	Location	Total Hours	Supervisor Signature

Student Signature: _____

Final form must be turned in by May 1 of the senior year.