## TITLE III 2019-2020 EL STUDENT SIGN-IN SHEET

NAME O	F TUTOR:			WEEK OF:				
CAMPUS	:	_		SIGN	NATURE OF CAMPUS ADMIN:			
DATE	TIME IN	TIME OUT	PRINT STUDENT NAME	STUDENT/TEACHER SIGN-IN	GRADE	CLASSROOM TEACHER	SUBJECT AREA TUTORED IN	COMMENTS

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