

One Planet
Academic Tutoring Support Goal Sheet

Classroom Teacher: _____ Date: _____

Student Name: _____ Grade: _____

_____ Sharon _____ South Royalton _____ Tunbridge

Referral made for the following academic supports:

___ Reading ___ Writing ___ Mathematics ___ Science ___ Homework Support

1-2 Goals/Objectives for Academic Support in above area:

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What will be used as a pre-tutorial assessment? _____

What will be used as a post-tutorial assessment? _____

Teachers: Please fill out this form for tutor and give to Site Coordinator

TO BE COMPLETED BY TUTORS

Tutoring Day(s): M T W TH Re-Assess Date: _____

Results of pre-tutorial assessment? _____

Results of post-tutorial assessment? _____

Other comments? _____