

TUTORING FOR PAY
Tutoring Reporting Form

*To be completed when Fairfield City School District facilities are utilized.
Turn in to Building Principal of facility where tutoring is occurring.*

Name of Teacher: _____ Date: _____

School facility where tutoring: _____ Room: _____

Initial Notification: _____ OR Update: _____

Name of Student(s) Receiving Tutoring	Area(s) of Intervention	Day/Date of Tutoring	Hourly Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Building Principal's approval: _____ Date: _____

Signature of Building Principal

Original kept by Building Principal; copy to Teacher providing tutoring