

# WA State GEAR UP Tutoring & Homework Assistance Form



<b>Staff Name:</b> _____	<b>School Name:</b> _____	<b>Support Type:</b> <input type="checkbox"/> 1:1 <input type="checkbox"/> Group
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	Date	Student Name (Printed)	Grade Level	Total Time w/ Student	Primary Purpose of Support Provided <small>(All 1:1 support must be submitted via Box on Friday of each week)</small>
1					<input type="checkbox"/> General <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Science
2					<input type="checkbox"/> General <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Science
3					<input type="checkbox"/> General <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Science
4					<input type="checkbox"/> General <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Science
5					<input type="checkbox"/> General <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Science
6					<input type="checkbox"/> General <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Science
7					<input type="checkbox"/> General <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Science
8					<input type="checkbox"/> General <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Science
9					<input type="checkbox"/> General <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Science
10					<input type="checkbox"/> General <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Science
11					<input type="checkbox"/> General <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Science
12					<input type="checkbox"/> General <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Science
13					<input type="checkbox"/> General <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Science
14					<input type="checkbox"/> General <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Science
15					<input type="checkbox"/> General <input type="checkbox"/> Language Arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Science

I certify that the above students and family members participated in this activity.

GU Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_