

**The School Board of St. Lucie County, Florida
 Title 1 / Migrant After-School Tutorial Program
 Articulation**

Name of Student: _____ Year _____

School _____ Teacher/Tutor Signature _____ Subject _____

Week of _____

Tutorial Hours per Week _____

Signature of Student _____ Date _____

Objectives _____

Signature of Classroom Teacher _____

Tutorial Outcome:

Successful
 Moderately Successful
 More Help Needed

Grade Improvement:

Yes No N/A

Comments _____

Week of _____

Tutorial Hours per Week _____

Signature of Student _____ Date _____

Objectives _____

Signature of Classroom Teacher _____

Tutorial Outcome:

Successful
 Moderately Successful
 More Help Needed

Grade Improvement:

Yes No N/A

Comments _____

Week of _____

Tutorial Hours per Week _____

Signature of Student _____ Date _____

Objectives _____

Signature of Classroom Teacher _____

Tutorial Outcome:

Successful
 Moderately Successful
 More Help Needed

Grade Improvement:

Yes No N/A

Comments _____