TUTOR CHECKLIST

This checklist is required to be completed by each tutor. It must be signed, dated, and held by the provider (company) prior to the start of tutoring.

Tutoring is individualized, supplemental, and standards-based instruction. The outcome of tutoring is student academic progress, encompassing measures of both proficiency and academic gain as stated in §A.R.S. 15-241(K).

Name of Tutor (print) _____

Provider (Company) _____

Complete the following prior to the start of tutoring:

☐ View State Tutoring Fund Program Training in APLD. *Date Completed* _____

☐ Obtain a login and password for ADEConnect from the provider to access the State Tutor Fund Application.

☐ Verify Fingerprint Clearance Card (FCC) in the State Tutor Fund Application.

☐ Obtain the Certificate of Supplemental Instruction (CSI) for each student prior to the start of tutoring. Provide a copy to the school while maintaining the original for your records.

☐ Register students that are assigned to you in the State Tutor Fund Application accessed through ADEConnect. Note that we use the student's SAIS # not their school ID.

Initial below to acknowledge your weekly responsibilities:

_____ Log your hours and student hours into the State Tutor Fund Application located in ADEConnect.

_____ Match student daily sign in sheets to hours in the State Tutor Fund Application. Keep the sign in sheets for your records.

_____ Maintain documentation of standards-based academic progress encompassing measures of both proficiency and academic gain as stated in §A.R.S. 15-241(K).

I, _____, understand these tasks are critical components in my role as a tutor and my signature acknowledges completion of tasks prior to tutoring and my commitment to weekly responsibilities.

Tutor Signature _____ Date _____

School/District Assignment(s) _____