

ECS Sentinel Scholar Tutor and Mentor Form

*Please have all parties sign this form and return it to Mrs. Slater.
Please complete a new form for each new student you tutor or mentor.*

Student Information:

Student Name: _____ Grade: _____

Name of Student Tutored or Mentored: _____

Grade of Student Tutored or Mentored: _____

Description of Tutoring or Mentoring Experience:



Date(s) of Service: _____ Hours Completed: _____

Sentinel Scholar's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Please turn in this form to the high school office or email it to lslater@goecs.org.