## **State Tutoring Checklist**

Name of Tutor:	Name of School:
	Name of District/Vendor:
·	each tutor. It must be signed, dated, and emailed to the State o the start of tutoring. Please check the boxes below that apply
☐ COMPLETE Certificate of Supplemental Insti	ruction (CSI) for each student prior to the start of tutoring.
☐ Register students and enter sessions as stud	dents are assigned to you.
$\square$ I have completed the PowerPoint training p	rior to tutoring beginning. Date Completed:
- · · · · · · · · · · · · · · · · · · ·	lication located in ADEConnect in a timely manner. Do not wait ours. If too many users are utilizing the system at the same time a shut down.
☐ Sign in sheet must be complete and match I	nours and sessions entered into ADEConnect.
☐ Obtain a login and password for ADEConnectand passwords).	ct from your LEA Entity Administrator (ADE no longer issues login
Session(s) TUTOR is participating in SY17-18.	Please initial below for each session you are participating:
Fall 18-The last day of tutoring will be 11	/30/17 & the last day to enter hours & sessions will be 12/08/17.
Spr. 18-The last day of tutoring will be <b>05</b>	5/18/18 & the last day to enter hours & sessions will be 06/01/18.
I,, understand the a timely fashion. ADEConnect will do a forced staff will <b>NOT</b> be creating a second session for	nese tasks must be completed prior to tutoring starting and/or in shut down on the day after in <b>red</b> above and ADE State Tutoring late submissions.
Tutor Signature:	Date:

