

GENESEE ISD SEAT TIME WAIVER MENTOR INSTRUCTIONAL TIME FORM

ISD / District: _____ / _____

School Year: _____

Bldg/
Program: _____

Count: Sept. Feb Other

INSTRUCTIONS:

Complete the report below for each pupil receiving a seat time waiver. The certified mentor must make contact with each student at least once per week.

Pupil's Name _____

Grade: _____

Mentor: _____

DATE	Contact Type (Check Box)				Comments:
	E=e-mail	P=phone	F=face to face	O=other	

Signature of Mentor _____

Date _____