EPE Remote Tutoring Summary

NYSED EPE Distance Education

Program:

Teacher's Name:

Date of Remote Tutoring Session: _____
Time for Remote Tutoring Session: _____

EPE Distance Education packet program	# of students attending this Remote Tutoring Session	Are you the teacher who created the students' two week packets?
SMART		Yes ___ # of Students No ___ # of Students
GRASP		Yes ___ # of Students No ___ # of Students
ESL		Yes ___ # of Students No ___ # of Students

Signed Attendance Report submitted to your program's ASISTS data team: Yes ___   No ___

Teacher signature (electronic):

_____
Electronic Signature   Date