

Check Appropriate Session Format

1 – 1 Tutoring

Small Group Tutoring

**STUDENT SUPPORT SERVICES
LESSON PLAN**

PLEASE PRINT ALL INFORMATION

Tutor's Name: _____

Students' Names: _____

Course (Dept. name and Course Number): _____

Date: _____
Begin Time: _____
End Time: _____

Date: _____
Begin time: _____
End Time: _____

Date: _____
Begin Time: _____
End Time: _____

Purpose of Session:

Purpose of Session:

Purpose of Session:

Procedure:

Procedure:

Procedure:

Evaluation:

Evaluation:

Evaluation:

Agenda for Next Session:

Agenda for Next Session:

Agenda for Next Session:

Students Signatures
