



# HHS MATH TUTORING CARD

STUDENT NAME \_\_\_\_\_ PERIOD \_\_\_\_\_

I RECEIVED TUTORING ON \_\_\_\_\_ (DATE) FOR \_\_\_\_\_ (DURATION)

FROM \_\_\_\_\_ (TEACHER'S NAME) [ \_\_\_\_\_ (TEACHER'S SIGNATURE) ]

I AM NOW AN EXPERT ON \_\_\_\_\_ (WHAT YOU WORKED ON)

**Ms. Kondo**

Most days  
Lunch & After School

**Boost TMC**

Room 17-4  
M-F (3-4:15pm)

**CSF**

Room 11-2  
M-W (lunch only)

**Cougar Core**

Room 15-6A (English Lab)  
M-Th (3-4pm)

(Every 30-minute session is worth 5 extra-credit points. Fill out this form completely and return to Ms. Kondo for credit.)



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