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**