

TEACHER HELPER FORM

Name: _____

Grade: _____

Name of teacher: _____

Date/Time: _____

Number of hours: _____

Task(s) done: _____

Teacher signature: _____

- This form must be turned in at the meeting that follows the day of assistance
 - No more than 8 hours may be credited from teacher helping (but feel free to continue to help past this number! The teachers appreciate it 😊)
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