

**Macomb Intermediate School District
Bilingual Program
Request for Approval**

Date: _____

From: Bilingual Tutor's Name _____

To: Teacher's/Counselor's Name _____

_____ District

_____ School

I would like to give **an additional tutoring session** to

_____ Student's Name _____ Grade _____
on _____, _____, from _____ to _____
Day of the Week Date Time Time

Lesson Plan (for this session only):

Objective _____

Reading _____

Materials

Writing _____

Materials

YES, this special additional tutoring session is granted approval.

NO, this special additional tutoring session is NOT granted approval.

Teacher/Counselor's Suggestion and Comments:

***Teacher's/Counselor's Signature _____ Date: _____

NOTE: A copy of this (includes Teacher's/Counselor's signature) must be given to the MISD Bilingual Office prior the special additional session.