

**South County Secondary School**  
**Private Teacher Verification Form**

\*To be completed by the private teacher.\*

Student Name: \_\_\_\_\_ Period: \_\_\_\_\_

Private Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

I verify that the above mentioned student has completed the following number of weekly private lessons with me since (circle one)

Sept. 2 (1<sup>st</sup> qtr) / Nov.5 (2<sup>nd</sup> qtr) / Jan 28 (3<sup>rd</sup> qtr) / Apr 6 (4<sup>th</sup> qtr).

Areas of Strength:

Areas needing improvement:

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Teacher Signature Date

\_\_\_\_\_  
Parent Signature Date