



Phoenix Yard  
 First Floor Jubilee Building  
 5 Upper Brown Street  
 Leicester  
 LE1 5TE

# TIMESHEET

**Students Full Name:**  
**Students Place of Study:**

T: (0116) 2548881  
 E: [info@learningsupportcentre.com](mailto:info@learningsupportcentre.com)

## Support Type

- Specialist Mental Health Mentor
- Specialist Autism Mentor
- Specialist Dyslexia Study Skills Support
- Specialist Autism Study Skills Support
- Language support Tutor for Deaf Students
- Assistive Technology Training (ATT)
- BSL Interpreter

Allocated hours for Academic year	
Hours remaining	

**MONTH ENDING DATE:** ..... (Friday prior to 20<sup>th</sup> of month.)

Date of booking	Student Signature to confirm booking or reference email on Max	Date of session	Time started	Time finished	Number of hours	Student signature
1.						
2.						
3.						
4.						
5.						
6.						

### Total Hours worked and type

Mentoring	Study Skills	ATT	Language Support	BSL	Total

Name:	Signature:
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**Timesheets completed incorrectly will not be processed for payment**

Session number	Location of session	Topics intended to be covered	<i>If applicable please tick to confirm the session was at a pace that suited you and that you were offered rest breaks where required</i>	<i>Student signature</i>	<i>Topics Covered</i>	<i>Feedback on session</i>	<i>Action for next session</i>
1							
2							
3							
4							
5							
6							