**FEDERAL PROGRAMS**

***Form  
 NP-B- 2A***

**TUTORIAL PROGRAM ACTIVITY REPORT**

**Teacher Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **TIME** | **SKILLS/ACTIVITIES** | **TEACHER**  **INITIALS** |
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|  |  |  |  |

**Principal Signature: Date:**

**\*\*EMAIL (**[**federalprogramsrosteet@cpsb.org**](mailto:federalprogramsrosteet@cpsb.org) **) WEEKLY\*\***

**EMAIL FINAL COPY AT THE END OF EACH MONTHLY**