**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** **) WEEKLY\*\***

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