

## **Louisiana Office of Student Financial Assistance Field** Outreach Services (LFOS) TUTORING IMPLEMENTATION REPORT

<b>Event Information:</b>	Staffing:			
(School Name)		By signing below, "I certify that the students that I am tutoring are not students that I currently teach."		
(Date of Activity)	(Tutor Name)	Print	Sign	
(Event Time) until				
	(Tutor Name)	Print	Sign	
(Prep Time)	<del></del>			
	(Tutor Name)	Print	Sign	
Description of Event:				

	Name (PRINT)	Initials	Subjects (Circle One)	Grade Level (Circle One)
1.			ACT Math English Writing Other:	6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12th
			ACT Math English Writing Other:	6th 7th 8th 9th 10th 11th 12th
			ACT Math English Writing Other:	6th 7th 8th 9th 10th 11th 12th
4.			ACT Math English Writing Other:	6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>
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