TUTOR CONTACT LOG Tutor Signature: Graham Crackers

Example

DATE OF SESSION	TIME	LENGTH	TUTEE INITIALS	TUTEE NAME (Complete when sheet is turned in.)
2/3/06	1-2	1 hr.	GJ	George Jones
2/5/06	3-4	1 hr.	HS	Harry Smith
2/8/06	2-3	1 hr.	JD	Jane Doe
2/10/06	3-4	1 hr.	GJ	George Jones

Total time on this sheet: _____

Please return to:
Disabilities Coordinator
Lower Level – Lura Manor
Student Development and Health Center

DS ONLY

TUTEE	MSU	VR	TRIO	OTHER	TOTAL