

Event: (Circle One) IAT IEP Other-Explain * * **Explanation/Student Name:** _____

Date: _____ **Start Time:** _____ **End Time:** _____

Name	Building (Circle one)	# hrs. in attendance	Check one only		Office Use Only	
			CEU	Grad. Credit	IPGP	Comp. \$25.00 hr/per Negotiated Agreement (Paid to closest 1/4 hour)
	A/FI/H/MS/HS/PS					\$
	A/FI/H/MS/HS/PS					\$
	A/FI/H/MS/HS/PS					\$
	A/FI/H/MS/HS/PS					\$
	A/FI/H/MS/HS/PS					\$
	A/FI/H/MS/HS/PS					\$
	A/FI/H/MS/HS/PS					\$
	A/FI/H/MS/HS/PS					\$
	A/FI/H/MS/HS/PS					\$

Tutors Sign In-Attendance Purpose only Meeting time is to be submitted on tutors bi-weekly time sheet.

	A/FI/H/MS/HS/PS		
	A/FI/H/MS/HS/PS		
	A/FI/H/MS/HS/PS		
	A/FI/H/MS/HS/PS		
	A/FI/H/MS/HS/PS		
	A/FI/H/MS/HS/PS		

Return to Roberta immediately following program. Authorized by _____

Approval of Assistant Superintendent _____ Date _____

Office Use Only:

Submitted to Treasurer:		Notified Building Adm. of IPGP Time:	
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