FAMILY LITERACY PROGRAM

ESU TEACHERS COLLEGE SIGN IN SHEET

School _____

Student's Signature	Date	Time In	Time out	Total Time
			Total:	

_____ EL/ED 220 Observer (Student returns form to ESU at end of semester)

_____ Phase I Observer (Student returns form to ESU at end of semester)

_____ Family Literacy Program (Tutor returns form to ESU every two weeks, at end of pay period)

I verify, to the best of my knowledge, the above information is accurate.

Classroom Teacher's Signature: _____ Date: _____

Student's Name: _____ Classroom Teacher's Name: _____

(Print) (Print)