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| **To be Completed by Tutor:**  **Name of Tutor**: |  | | |
| **Email Address:** |  | | |
| **Name of Approved Site:** |  | | |
| **Name of Site Contact:** |  | | |
| **Site Contact’s email & phone number:** |  | | |
| **Site Contact’s Signature confirming hours submitted:** | Date: | | |
| **What Qualifies as an Approved Site?**   * Any Arkansas Public School or District * Any Arkansas University * Arkansas Out of School Network Affiliated Site * Community Organizations * Other entities not listed above that have received prior approval   **Number of Hours from Approved Site: \_\_\_\_\_\_\_\_\_\_\_**  **Brief description of tutoring sessions conducted: Grade(s) tutored, number of students, subject(s)** | |  |  | |

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