

Arkansas Tutoring Corps Tutoring Time Verification Form

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 _____ Date: _____
Please list Job Title

Number of Hours Completed at Approved Site: _____

These Hours were Completed Between the Dates of: ____/____ and ____/____

Circle the ATC level these hours are associated with:

Level # 2 3 4 5 6 7 8 9 10 11 12

Please email this form separate from your Training Documents.

Send with subject line: Tutoring Time Form to:
arkansastutoringcorps@gmail.com



Jill Clogston
Director, Education Renewal Zone
Arkansas State University
jclogston@astate.edu

To be completed by the Office of Education Renewal Zone:

Has site been approved and verified by Office of ERZ: Yes ___ No ___ Initials _____