

*LSS Small Group Tutoring*

Leader: \_\_\_\_\_ Date \_\_\_\_\_

Time-in: \_\_\_\_\_ Time-out: \_\_\_\_\_ Circle only one of the following times

Class: \_\_\_\_\_ 0.5 hr      0.75 hr      1.0 hr

Description of what was covered:

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Please Print Clearly

	Student ID Number	Name	Initials
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

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