

# Miami-Dade Public Library System

## PROJECT L.E.A.D. MONTHLY REPORT



Tutor Name \_\_\_\_\_ Student Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Mobile Phone \_\_\_\_\_

Tutoring Location \_\_\_\_\_

Tutoring Day & Time \_\_\_\_\_ Month/Year \_\_\_\_\_

Day of Month	Tutoring Hours	Prep Hours	Travel Hours	Other Hours	Skill Book # / Lesson #	Other Materials Used/Notes/Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
<b>Totals</b>						

**Accomplishments/Goals Met:**

---



---

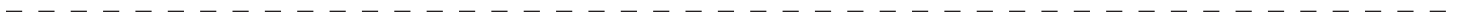


---



---

**Notes:**



Place  
Stamp  
Here

**Project L.E.A.D.**  
Miami-Dade Public Library System  
101 W. Flagler St.  
Miami, FL 33130-1523