



The Association for the Tutoring Profession

ATP Chapter Activity Report – Year _____

Name of state/regional organization: _____

(All address information should be for primary contact.)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____

E-mail Address: _____

1. List and describe major goal(s) for the past year.

2. List and describe activities implemented to accomplish stated goal(s). Attach associated documentation, if appropriate.)

3. List all Chapter attendees to most recent ATP Conference.

4. List all Chapter-related activities at most recent ATP Conference. (informal gatherings, host a hospitality suite, provide an information booth, etc.)

5. Distribution of newsletter:
 - a. Last sent to membership?
 - b. Next scheduled disbursement?

Send completed report and attachments to:

Steven Taylor
ATP Chapters Chair
Learning Assistance Programs
Southeast Missouri State University
One University Plaza, MS 1300
Cape Girardeau, MO 63701