



The Association for the Tutoring Profession

ATP Chapter Goals and Plans 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 forthcoming year.

2. List and describe activities planned to accomplish stated goal(s).

3. Chapter Conference/Meeting information:

a. Date:

b. Location:

c. Contact person name & email:

d. Website?

4. Indicate any specific Chapter issues on which you'd like ATP Board input.

5. Attach the following documents:

- a. current Chapter membership list with at least 25 ATP members indicated;
- b. annual report, including financials;
- c. planned local conference/meeting information.

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