

Independent Study Time

NAME _____ MONTH: _____

I completed the following activities this month:

Date	Lessons I worked on	Time I spent on my lessons

Please mail, hand deliver, or
FAX in this report to:

VITA
905 Jefferson St.
Suite 404
Lafayette, LA 70501
(337) 234-4600 fax (337) 234-4631
www.vitalaf.org

STUDENT'S SIGNATURE