**Minnesota State Services for the Blind**

2200 University Ave. W. Ste 240

Saint Paul, MN 55114

1-(800)-652-9000

Local Metro: 651-642-0500

Metro Fax: 651-649-5929

Vendor Name

Address

Phone #

Fax #

Email contact

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructor Name:** |  | **Month/Year:** |  |
| **Student Name:** |  | **Authorization:** |  |

|  |  |  |
| --- | --- | --- |
| **Date** | **# of Hours** | **Content Covered** |
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|  |  |  |
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| **Total:** |  |  |

**Progress Notes**

Please write a brief summary of the student’s overall progress this month.

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Print Instructor’s Name Instructor’s Signature