

HSTA TEACHER MONTHLY REPORT

*****Attach Your Monthly Attendance*****

6 hands-on activities, 1 guest speaker per semester minimum

DATE (month and year covered in report): _____

HSTA CLUB: _____

TEACHER(S) NAME: _____

I. HSTA STUDENT AND TEACHER ACTIVITIES

A. Summary of HSTA Club Meeting(s)

Date/Time of the Meeting	Guest Speaker(s) Name\Title	Topic(s)/Activities Included in HSTA Club Meeting and Field Trips, (Project Updates, highlights, obstacles, needed resources)
Date Time/duration		Topic: Activities: Project Updates:
		Topic: Activities: Project Updates:
		Topic: Activities: Project Updates:
		Topic: Activities: Project Updates:

B. Concerns?

C. Other?