

COLLIERVILLE LITERACY COUNCIL
Tutor Monthly Report Form

Month _____, 2009

Tutor's Name _____

Student's Name _____

Is this a **GROUP CLASS**? Yes No

_____ Number of times you met this month

_____ Number of instructional hours for this month

_____ Number of lesson preparation hours

_____ Driving time hours

_____ Number of in-service hours

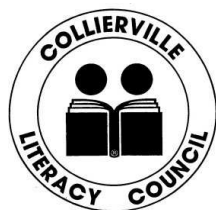
_____ Other hours (i.e. committees, waiting for student, board meetings, etc.)

Materials used this month

_____ Completed a workbook or text, title _____

To **CLC staff**: Comments, Requests, Questions, Changes in Phone numbers, address, or email, New goals student has chosen, Other

Thank you for taking time to fill this out and turn it in to us so we can keep your student's records up-to-date and track his/her progress. CLC Staff



Please complete back of page

Check all statements that apply:

My student and I worked on:

_____ Reading

_____ finding # in phone book

_____ map skills

_____ check-writing

_____ balancing checkbook

_____ medical/health/Rx vocabulary

_____ job application vocabulary or skills

_____ reading newspaper articles

_____ writing letters to people

_____ understanding/reading ATM directions/words

_____ dictionary skills

_____ restaurant/food vocabulary

_____ using computer for e-mail

_____ using library

_____ pronunciation

_____ listening skills

_____ math skills, what _____

_____ other skills, what _____

My student got a: Better job _____
Promotion _____
Raise in pay _____