

Individual Tutoring Log & Monthly Hours Report

Basic Literacy Program

STUDENT name: _____
First Last

TUTOR's daytime phone no.: _____ TUTOR name: _____
First Last

MONTH/YEAR: _____ TUTORING Site: _____

- **Please** send this report by the 5th of the month for the previous month's tutoring.
- **Please** FAX , MAIL, or EMAIL sflutgen@lovetoread.org for BL this report to LVT.
- **Please** use one log per student.

| Tutoring DATE | Subject/Summary of Lesson | HOURS (1/4 hr increments) | | |
|---------------|---------------------------|---------------------------|------|--------|
| | | Tutoring | Prep | Travel |
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| Tutoring DATE | Subject/Summary of Lesson: | HOURS | | |
|--|----------------------------|---|-------|---------|
| | | Tutoring | Prep | Travel |
| | | | | |
| | | | | |
| *Prep & Travel hours, in addition to Tutoring hours, are used in the calculation of total hours for LVT ProLiteracy recertification. | | This month's TOTAL HOURS (required) | | |
| | | Tutoring* | Prep* | Travel* |

Student Goals achieved:

Check any achieved during this fiscal year (7/1/07– 6/30/08) that apply to your student.

- | | | |
|--|--|--|
| <input type="checkbox"/> 1. Entered employment | <input type="checkbox"/> 6. Reduced receipt of public assistance | <input type="checkbox"/> 11. Increased involvement in children's education |
| <input type="checkbox"/> 2. Retained employment | <input type="checkbox"/> 7. Met work-based student goal | <input type="checkbox"/> 12. Increased consumer skills (shopping, banking, etc.) |
| <input type="checkbox"/> 3. Improved employability skills (pronunciation, computer skills, telephone/message-taking) | <input type="checkbox"/> 8. Achieved citizenship skills/Obtained citizenship | <input type="checkbox"/> 13. Increased wellness & healthy lifestyle (doctor/dental visits, reading labels, etc.) |
| <input type="checkbox"/> 4. Received GED | <input type="checkbox"/> 9. Registered to vote /Voted for the first time | <input type="checkbox"/> 14. Used/Increased computer skills |
| <input type="checkbox"/> 5. Entered other education and/or training | <input type="checkbox"/> 10. Increased involvement in community activities | <input type="checkbox"/> 15. Used library/ Got library card |

16. Other Personal Student Goals Achieved:

Comments (successes, challenges, stories, etc.)

Tutor Signature _____ Date: _____