

CHATHAM COUNTY LITERACY COUNCIL
MONTHLY TUTORING REPORT FOR A CLASS OR SMALL GROUP

Tutor: _____

Location: _____

Date (Mo/Year): _____

Class: _____

Indicate time to the nearest quarter hour, in decimal points (1.25, 1.5, 1.75)

Date	Prep Time	Travel Time	Tutoring Time

Student Short-Term Goals Met (Select all that apply & note within student report):

- ☐ Some Reading Improvement
- ☐ CASAS Test Improvement
- ☐ Improved Writing Skills
- ☐ Improved Math Skills
- ☐ Improved ESL Skills
- ☐ Improved Job Skills
- ☐ Prepared for Training Program
- ☐ Increased Involvement in Children's Education
- ☐ Improved Health & Wellness Skills
- ☐ Improved Consumer Skills
- ☐ Increased Involvement in Community

- ☐ Improved Conversation Ability
- ☐ Improved Understanding on/of the Phone, Radio, TV
- ☐ Other _____

Student Long-Term Goals Met (Select all that apply & note within student report):

- | | |
|---|---|
| <input type="checkbox"/> Passed GED | <input type="checkbox"/> Voted in an Election |
| <input type="checkbox"/> Passed ABE | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Obtained Citizenship | |
| <input type="checkbox"/> Received a Driver's License | _____ |
| <input type="checkbox"/> Got a Job | |
| <input type="checkbox"/> Entered a Training Program | _____ |
| <input type="checkbox"/> Became Actively Involved in Child's School | |

Comments: _____

If you have concerns about your student and the learning process or need more resources, such as workbooks, please contact **Alisha McFadden**, Tutor Coordinator at 919-434-7401 or alisha@chathamliteracy.org

Send this report to: alisha@chathamliteracy.org (preferable)

Or send to:

CCLC, P.O. Box 1696, Pittsboro, NC 27312

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Please enter comments/progress for each student within the specified date. As well, include the workbook title/level.

Tutor: _____

Month/Year of Services: _____

Student Name	Date:	Date:	Date:

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Tutor: _____

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Student Name	Date:	Date:	Date:

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Student Name	Date:	Date:	Date: