

Ardmore Literacy Council / New Dimension Literacy Council

Tutor Log/Progress Report

TUTOR

First Name: _____ Last Name: _____

STUDENT

First Name: _____ Last Name: _____

DATE _____

Total hours tutored this month: _____ hours

Total prep time this month: _____ hours

Total travel time this month: _____ hours

Tutoring is going well: Yes No

Explain:

I could use some help: Yes No

Specify type:

Materials used:

What goals are you and your student working on? Please note any changes/successes.

Long-term goals:

Short-term goals:

Has your student made progress since last report?: **Yes** **No**

Explain:

Are you expecting any change in this pairing, (i.e., termination, lapse in meetings especially for longer than 3 months, decrease or increase in hours, etc.)?:

Yes **No**

Explain:

Has contact information for you or your student changed?: **Yes** **No**

New information:

Comments:

Please return this form to the Literacy Coordinator in person or by mail at 320 E Street NW, Ardmore OK 73401, by fax at 580-221-3240, or by email to ndlclit08@yahoo.com by the 30th day of the month. Thank you.