



Monthly Tutor Report

Month & Year: _____ Tutoring Site: _____

Tutor's Name: _____ Learner's Name: _____

	Dates	Tutoring Hours	Travel Hours	Prep Hours	Other Hours	Week Total
Week 1						
Week 2						
Week 3						
Week 4						
Week 5						
Totals						

Please Total All Columns

Basic Series and other materials used: _____

Significant achievements this month; i.e., reading/writing skills developed, promotion at work, etc.: _____

Any barriers to learning; i.e., transportation problems, illness, schedule conflicts, family needs, personality conflicts, etc.: _____

Does student need referral to any Community Service Agencies; i.e., housing, food stamps, glasses, etc.?

Thank you for the time you spend with your student, and for the time you take to fill out this report completely. The number of hours of instruction received by CCL students is needed for measuring individual student progress and for making grant requests and reports.