

GROUP/CLASS NAME: _____

MONTHLY ATTENDANCE REPORT FOR THE MONTH OF _____

TUTOR NAME	TUTORING HOURS	PREPARATION HOURS	TRAVEL HOURS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Record Date, Instructional (tutoring) hours, as well as your time spent preparing and time spent traveling.
- *Please round time to the nearest 1/4 hour (0.25).*
- Record reading, writing, listening, speaking, math, workplace, technology, daily life skills, etc. that you are working on, as well as recording skills the student has achieved.

	CLASS DATES:													
	LENGTH OF CLASS (in Hrs):													
STUDENT NAMES	1													
	2													
	3													
	4													
	5													
	6													
	7													
	8													
	9													
	10													
	11													
	12													
	13													
	14													
	15													

Please fill in the dates for the month and list each student in your group. Use an "x" or a "✓" to note the student attended on that date. If the student was absent, leave blank.

Please inform us of any student no longer attending your group and why.

STUDENT	REASON FOR LEAVING	STUDENT PHONE NUMBER

PLEASE COMPLETE BOTH SIDES OF FORM

Skills Being Worked On In Class: _____

Student Short-Term Goals Met This Month:

Refers to the class in general.

(Select all that apply)

- Some Reading Improvement
- CASAS/TABE Test Improvement
- Improved Writing Skills
- Improved Math Skills
- Improved ESL Skills
- Improved Civics/Citizenship Skills
- Improved Digital Literacy Skills
- Improved Job Skills
- Prepared for Training Program
(Educational/Workplace, please specify)
- Increased Involvement in Child's Education
(met with teacher, helped with homework, etc.)
- Improved Health & Wellness
- Improved Consumer Skills
- Improved Conversation Ability
- Improved Understanding on/of the Phone, Radio,
TV, Computer *(Please Specify)*
- Other:

Student Long-Term Goals Met This Month:

Student specific, please give names.

(Select all that apply)

- Passed GED
- Passed ABE
- Obtained Citizenship
- Received a Driver's License
- Voted or Registered to Vote
- Got a Job/Changed Job *(please specify)*
- Earned a Promotion *(please specify)*
- Entered a Training Program
(Educational/Workplace, please specify)
- Completed a Training Program
- Is Enrolled at CCC
- Is No Longer Enrolled at CCC
- Became Actively Involved in Child's School
(met with teacher, helped with homework, etc.)
- Other:

CHANGES IN STUDENT OR TUTOR DATA

Complete this section only if there are changes to the information indicated.

Each Month, Indicate: No Changes Changes, noted below

New Tutoring Site/Days/Times: _____

STUDENT *(Use additional sheet if needed.)*

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Other: _____

TUTOR:

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Other: _____

If you have concerns about your student and the learning process or need more tutoring resources, please contact Carol McCormick, Program Coordinator, at (252) 637-8079 or c.mccormick@cravenliteracy.org.

SUBMIT THIS REPORT TO: www.cravenliteracy.org under TUTORS, OR at clchours@gmail.com
OR Mail to or drop by: Craven Literacy Council, 2507-A Neuse Blvd., New Bern, NC 28562

PLEASE COMPLETE BOTH SIDES OF FORM