CRAVEN LITERACY COUNCIL MONTHLY TUTOR LOG

2507-A Neuse Blvd. New Bern, NC 28562 252-637-8079 www.cravenliteracy.org
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TUTOR: _____ MONTH/YEAR: _____

STUDENT: _____ LOCATION: _____

For each session:

- 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.

Date	Instructional	Prep	Travel	Materials Used
Totals for Month				

IF LESS THAN 5 HOURS, PLEASE EXPLAIN: _____

PLEASE COMPLETE BOTH SIDES OF FORM

Skills Being Worked On In Class: _____

_____

_____

Student Short-Term Goals Met:

(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:

(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.

SEND THIS REPORT TO: 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