Monthly Tutoring & Attendance Calendar

Fox Valley Literacy Coalition 103 E. Washington St. Appleton, WI 54911

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Complete both sides of the form and **mail by the 10th of each month** to the FVLC office at above address. Additional options for FVLC tutors: deliver it to the office, your program coordinator, fax or e-mail report.

(ONE sheet per student per month)

Tutor:	**Student:**
Month: **Year:**	☺ Please do not put more than **1 month** on a calendar.
Meeting Place/Time	Did your meeting place change yes no

- ❑ I need more calendars. **Please mail to:** _____
- ❑ Please call me. Best time to call: _____ Telephone: _____

Date	Tutoring Hours	Notes: Please tell us about new changes for your student (getting a job, losing a job, getting a computer, having a child). We would like to get to know a bit more about our student's lives.
Total		

Non-tutoring Hours		If tutoring has stopped more than 3 weeks, please indicate date, reason and planned date to resume.	
Lesson preparation		Date of last session	
Travel time		Date planned to resume	
In-service or training		Reason for stopping	
Pre/Post Testing		Other	

Please indicate which material you are currently using and the level.

Title of Book	Book/Unit	Chapters/Unit	Pages	Completed
Laubach Way to Reading				
Laubach Way to English				
Side by Side				
Azar				
Voyager				
Challenger				
Survival English				
Citizenship				

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☺ Director ☺ Coordinator ☺ Recorder/Data Entry Revised 3/24/2010

Please list books or non-curriculum materials you and your students are working on.

Title of Book	Book/Level	Chapters/Unit	Pages	Completed

- ❑ **Completed other materials**_____
- ❑ **Completed other goals**_____
- ❑ **Passed citizenship test**
- ❑ **Passed GED test – segment** ❑ **Math** ❑ **Social Studies** ❑ **Science**
  ❑ **Language Arts, Reading** ❑ **Language Arts, Writing**
- ❑ **Received GED/HSED certification**

Describe any accomplishments made by your student this month.

_____

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_____

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Please inform us of any ***change in address, phone number or email*** for you or your student(s).

Tutor:	**Student:**

If you or your student(s) **have terminated the tutoring arrangement, please notify the office or your program coordinator.