PROJECT READ

CHANGING LIVES THROUGH LITERACY

Please turn in completed report by the **5th** of each month.

MONTHLY REPORT

Tutor Name: _____ Student Name: _____ Month/Year: _____

Have you completed any Project Read Tutor Certification training this month? ☐ Yes ☐ No Training Hours: _____

Type: ☐ Workshop ☐ Online ☐ Literacy Lab Observation ☐ Education Classes ☐ Other: _____

Topic: _____ Would you recommend this training for others? ☐ Yes ☐ No

TUTORING HOURS

Date	Time In	Time Out	Total Session Time	Student Initials	Tutor Initials

Total Hours Tutoring: _____ **Total Hours Preparation/Travel (Tutor):** _____

What has your student accomplished this month?

☐ Entered Employment ☐ Retained Employment ☐ Improved Employment ☐ Obtain GED/HS Diploma ☐ Pass TOEFL

☐ Enter Post-Secondary ☐ Achieve Citizenship ☐ Obtain Driver's License ☐ Other: _____

My student has reached 50 hours of tutoring and is ready to test: ☐ Yes ☐ No

Any other successes to report?

_____

What have you and your student worked on this month?

_____

What are your goals for next month?

_____

Any other questions or comments? Resources/Additional training you need?

_____

Tutor Signature: _____