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## Monthly Tutor Report Form

**Please return this form to St. Joseph County Public Library Special Services Department or the Literacy Council of St. Joseph County at 123 Lincoln Way West Mishawaka, IN 46544.**

**This report is for the month of:** \_\_\_\_\_ **Total Preparation Time :** \_\_\_\_\_ **Total Travel Time:** \_\_\_\_\_ **Total Tutor Hours :** \_\_\_\_\_

**Tutor's Name:** \_\_\_\_\_ **Learner's Name:** \_\_\_\_\_

CURRENT GOALS	OBJECTIVES	STRATEGIES	MATERIALS	EVALUATIONS

Please note any successes, failures, concerns, needs, or suggestions. Also note any change of address or phone number for learner or tutor. Thank you!

Where and when do you meet?

Please notify the Literacy Council of St. Joseph County with any changes (if on hold, learner exited program, new meeting location, etc.).

**White Copy – Literacy Council File**

**Canary Copy – Special Services Intake File**