

**Mid-State Literacy Council**  
**2006/2007 Tutor Monthly Report – Group Form**

For the Month of: \_\_\_\_\_  
 Name of Class: \_\_\_\_\_  
 Meeting Place: \_\_\_\_\_  
 Meeting Date / Time: \_\_\_\_\_  
 Tutor Name (1): \_\_\_\_\_  
 Tutor Name (2): \_\_\_\_\_

Which goal(s) are you working on this month?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What steps / activities did you use to achieve your goals?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What if any materials were used to achieve these goals?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list all hours in half hour increments (e.g. 2.0 or 2.5):

Total **Instruction** for the month    Tutor 1: \_\_\_\_\_    Tutor 2: \_\_\_\_\_

Total **Preparation** for the month    Tutor 1: \_\_\_\_\_    Tutor 2: \_\_\_\_\_

Total **Travel Time** for the month    Tutor 1: \_\_\_\_\_    Tutor 2: \_\_\_\_\_

Student Name	Hours	Student Name	Hours
1.		8.	
2.		9.	
3.		10.	
4.		11.	
5.		12.	
6.		13.	
7.		14.	

Are you satisfied with your students' progress?

---

---

---

---

---

List the successes you have had with your student this month:

---

---

---

---

---

List any problems you have had:

---

---

---

---

---

Any additional comments?

---

---

---

---

---

---

---

---

---

---

---

---

Your reports are important in our reporting process to the Pennsylvania Department of Education. Please complete this form and mail or fax it to the appropriate office.

**State College Office**

Mid-State Literacy Council  
248 Calder Way, Suite 307  
State College, PA 16801  
Fax: (814) 238-7492

E-Mail: [mslc@mid-stateliteracyconcil.org](mailto:mslc@mid-stateliteracyconcil.org)

**Clearfield Office**

Mid-State Literacy Council  
650 Leonard Street  
Clearfield, PA 16830  
Fax: (814) 768-7370

E-Mail: [mslc@clearnet.net](mailto:mslc@clearnet.net)