



Monthly Form

Please submit within 7 days of your last session of the month

Your name:

Date:

For tutors, student name:

For class teachers, class title:

Month reporting on (ex. February 2022):

Total hours of instruction for the month:

Total hours of preparation for the month:

Compared to before, my student has improved in... *(Please check all that apply.)*

<input type="checkbox"/> Fluency	<input type="checkbox"/> Comprehensibility	<input type="checkbox"/> Vocabulary
<ul style="list-style-type: none"> Speaks fluidly and confidently in English Attempts to communicate in English even though mistakes may be made 	<ul style="list-style-type: none"> Follows writing or speaking conventions enough to be understood Uses appropriate grammar and words to convey intended meaning Adjusts sound and stress patterns when necessary to make speech understandable 	<ul style="list-style-type: none"> Uses new English words and phrases correctly Understands the meaning of more English expressions
<input type="checkbox"/> Conversation	<input type="checkbox"/> Navigating USA Culture	<input type="checkbox"/> Self-Advocacy
<ul style="list-style-type: none"> Knows a variety of expressions for starting conversation Uses skills and strategies to keep conversations going Engages in real world conversations in English 	<ul style="list-style-type: none"> Can interact effectively and appropriately in English in relevant settings Can accurately interpret the meaning of local expressions and behaviors 	<ul style="list-style-type: none"> Uses strategies to help other people understand what they're trying to say Asks clarifying questions Asks for help when needed

1. What student goal(s) did you focus on this month in your tutoring or teaching?

2. Briefly describe the methods and materials you used to address these goals?

3. Specifically, how do you feel your student(s) improved this month? What skill(s) did they develop? What do they understand better now?

4. What did you find most challenging in your work as a teacher or tutor this month?

5. Did you teach a Health Literacy lesson this month?
 - i. YES NO
 - b. If yes, please describe the topic.

6. Would you like to have a Zoom meeting with our ESL Specialist to discuss any concerns or get additional suggestions for your teaching or tutoring?

YES NO

*Thank you so much for volunteering with Mid-State Literacy Council.
Please return your responses to Jennifer Walter
jwalter@mid-stateliteracycouncil.org*