

# Learner Hours and Progress Report



Tutor Name: \_\_\_\_\_

Learner Name: \_\_\_\_\_

Report for month of: \_\_\_\_\_

Learners' monthly instructional hours: \_\_\_\_\_

Total monthly instructional hours: \_\_\_\_\_

Day, time and place of tutoring session: \_\_\_\_\_

What did you and your learner work on this month?

Please comment, give example, or note any difficulties:

Has your learner made progress towards any of these goals?

Improved speaking

Improved writing

Improved reading

Attained consumer skills

Obtained driver's license

Found/retained job

Completed citizenship class

Obtained citizenship

Obtained GED

Improved employability skills

Learned to vote

Increased involvement in child's education

Learned health skills

Entered training/other education

<b>EXAMPLES OF PROGRESS</b>	
<b>GENERAL</b>	<b>INDEPENDENCE</b>
Improve reading and/or writing ability	Attain consumer skills
<input type="checkbox"/> Read the newspaper and/or magazines	<input type="checkbox"/> Use money
<input type="checkbox"/> Read the Bible better	<input type="checkbox"/> Read and pay bills
Improve English speaking and/or listening	<input type="checkbox"/> Balance check book
<input type="checkbox"/> Improve grammar	<input type="checkbox"/> Develop budget
<input type="checkbox"/> Improve pronunciation	<input type="checkbox"/> Fill out forms
<input type="checkbox"/> Increase vocabulary	<input type="checkbox"/> Open checking account
<b>COMMUNITY</b>	<input type="checkbox"/> Write checks
Increase involvement in community activities	<input type="checkbox"/> Use public transportation
<input type="checkbox"/> Read aloud to a group	Attain wellness and healthy lifestyle
<input type="checkbox"/> Learn how to vote	<input type="checkbox"/> Communicate with medical professional
<input type="checkbox"/> Write and send letter to legislator or local official	<input type="checkbox"/> Read medication bottle
<input type="checkbox"/> Attend legislative meeting	<input type="checkbox"/> Read food labels
<input type="checkbox"/> Meet with legislator	Obtain driver's license
<input type="checkbox"/> Speak at city council meeting	<b>OTHER</b>
<input type="checkbox"/> Be involved in public policy advocacy	Achieve citizenship skills
Register to vote	Obtain citizenship
Vote for the first time	<b>WORK</b>
<b>EDUCATION</b>	Enter employment
Enter postsecondary education or training	Improve employability skills
Obtain GED	<input type="checkbox"/> Fill out job application
Enter other education and/or training	<input type="checkbox"/> Write a resume
<b>FAMILY</b>	<input type="checkbox"/> Obtain Commercial Driver's License
Increase involvement in child's education	<input type="checkbox"/> Complete paperwork required at job
<input type="checkbox"/> Attend meetings at child's school	<input type="checkbox"/> Read work-related information
<input type="checkbox"/> Help children with homework	<input type="checkbox"/> Learn computer skills and/or use software
<input type="checkbox"/> Communicate with child's teacher	<input type="checkbox"/> Communicate with peers, supervisors, customers
<input type="checkbox"/> Volunteer at child's school or after-school	Get a better job or retain current job
Increase involvement in children's literacy	
<input type="checkbox"/> Read to children	
<input type="checkbox"/> Purchase books or magazines with/for children	
<input type="checkbox"/> Visit library with/for children	

**Note for Non-Tutoring Volunteers:**

Please note the activity and number of hours you have spent this month volunteering for Skyline Literacy (i.e., mailings, promotion, fundraising, assessments).

Number of hours: \_\_\_\_\_ Activity: \_\_\_\_\_