

Adult Education Community Tutoring Program

IVCC · 815 N. Orlando Smith Road · Oglesby, IL 61348

Monthly Tutor Report for _____ (Month) (Year)

Please complete this report at the end of each month and mail it to the Adult Education office at IVCC in the self-addressed stamped envelope provided. Be sure to count all the hours you give to the program including preparation time. Thank you!

Tutor Name: _____ **Session Site & Time:** _____

1-1 Small Group Group

ABE ELA

How many sessions did you meet with your learner(s) this month? _____

How many total instructional hours did you volunteer this month? _____

How many preparation hours? _____

For Office Use Only

Total 1-1 Hours: _____

Total Small Group Hours: _____

Total Group Hours: _____

Prep Hours: _____

Please call me at your earliest convenience. My number is _____

I need the following materials: _____

How is your learner progressing? How has s/he been successful this month? _____

A tutor tip that works for me: _____

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**For one-to-one tutors:**

| Learner Name:                     | Total Time in Session: (e.g., 1 hr./1.25 hrs./1.5 hrs./1.75 hrs./2 hrs.) | Areas of Study (e.g., reading, math, ELA) |
|-----------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Date:                             |                                                                          |                                           |
| Date:                             |                                                                          |                                           |
| Date:                             |                                                                          |                                           |
| Date:                             |                                                                          |                                           |
| Date:                             |                                                                          |                                           |
| Date:                             |                                                                          |                                           |
| Date:                             |                                                                          |                                           |
| Date:                             |                                                                          |                                           |
| Date:                             |                                                                          |                                           |
| Date:                             |                                                                          |                                           |
| Date:                             |                                                                          |                                           |
| Date:                             |                                                                          |                                           |
| <b>Total Hours of Instruction</b> |                                                                          |                                           |

**Tutor Report for** \_\_\_\_\_  
 (Month) (Year)

**For classroom or small group tutors:**

| <b>Date</b> | <b>Total Time in Session:</b><br><i>(e.g., 1 hr./1.25 hrs./<br/>1.5 hrs./1.75 hrs./2 hrs.)</i> | <b>Areas of Study</b><br><i>(e.g., reading, math, ELA)</i> |
|-------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------|
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|             |                                                                                                |                                                            |

| <b>Learner Names</b>     | <b>Dates Learner Attended</b> | <b>Total Hours in Tutoring Sessions for the Month</b> | <b>Areas of Study</b><br><i>(e.g., reading, math, ELA)</i> |
|--------------------------|-------------------------------|-------------------------------------------------------|------------------------------------------------------------|
| <i>Example: Jane Doe</i> | <i>5/5; 5/12; 5/26</i>        | <i>4.5</i>                                            | <i>reading and math</i>                                    |
| 1.                       |                               |                                                       |                                                            |
| 2.                       |                               |                                                       |                                                            |
| 3.                       |                               |                                                       |                                                            |
| 4.                       |                               |                                                       |                                                            |
| 5.                       |                               |                                                       |                                                            |
| 6.                       |                               |                                                       |                                                            |
| 7.                       |                               |                                                       |                                                            |
| 8.                       |                               |                                                       |                                                            |
| 9.                       |                               |                                                       |                                                            |
| 10.                      |                               |                                                       |                                                            |