

# Our Monthly Tutoring Report

for \_\_\_\_\_, \_\_\_\_\_  
MONTH YEAR

**Student Name** \_\_\_\_\_

Student Instructional Hours \_\_\_\_\_

This month, I worked on this/these goal(s)*: *from goals checklist	I can do this better now! (4)	I can do this on my own now! (4)

Activities that helped me learn \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tutor Name** \_\_\_\_\_

Tutoring Hours \_\_\_\_\_ Prep Hours \_\_\_\_\_ Other\* Hours \_\_\_\_\_ \*travel, phone, mtgs., etc.

Successes, challenges this month:

Something I've learned about tutoring that could help other tutors:

Questions, comments, concerns, requests for ideas, support materials:

*Please feel free to utilize the back of this page for additional comments.*

**Thank you for returning this form promptly by the fifth of each month to the LV-NRV office:**

Mail to: 195 West Main Street, Christiansburg, VA 24073

**OR** Email to: lvnr@verizon.net