

Monthly Student Progress Report

Family Resource Centers of Sheboygan County

Literacy Council Project

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Month Year _____

Please submit completed Report by the 5th day of the following month, reporting only one month per report. Please report goals set or accomplished this month on the reverse side.

Total Hours spent:

Tutoring _____

Preparation _____

Tutor _____

Student _____

My student and I are working on:

_____ *Book/Lesson*

_____ *Book/Lesson*

I have noticed progress in: _____

My student had this to say about his/her progress: _____

I need help with: _____

I would like to learn more about: _____

Suggestion for future in-service: _____

Please send blank Monthly Report Forms to my street address: _____

Please send blank Monthly Report form by email to _____

If your tutoring arrangement is on hold or has ended, please notify the Literacy Council office.

Please record the following on calendar: date, prep hours, tutoring hours, and cancellations.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday