



LITERACY COUNCIL OF READING-BERKS MONTHLY STUDENT PROGRESS REPORT

(Please mail to the Office within five (5) days after the end of the month)

Tutor: _____

Month/Year: _____

Meeting place: _____

Check one: _____ Daytime _____ Evening

Total Tutor Hours: _____

Total Tutor Prep. Hours: _____

Total Professional Development Hours: _____

Professional Development Topic: _____

I need help with: _____

*Please notify office of any phone number, address or status changes.

| Student(s) Name | Tutor Hours |
|-----------------|-------------|
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All Literacy Council students are assessed every 70-100 hours of instruction. If you have not received a notice, please contact the office to make an appointment.

Other materials used (check all that apply):
Readers/Novel _____ Child Care _____
Puzzles _____ Driver Manual _____
Newspapers _____ Other (please specify) _____
Flash Cards _____

**REMEMBER, OUR FUNDING TO
PROVIDE FREE SERVICES IS
DEPENDENT ON THE
INFORMATION YOU GIVE US.**

Extra copies of this form can be picked up at the office, or they will be mailed to you upon request.

Progress reports may be mailed, faxed, or telephoned to the office.

Reports can also be emailed to Beverly Hirneisen, Support Services Coordinator, at bev@lcrb.org

Phone: 610.670.9960 Fax: 610.927.4876

**Thank you for your efforts to help close the book on illiteracy in
Berks County!**

Revised 05.09.12

| <i>Educational Gains:</i> | <u>Student</u> | <u>Set</u> | <u>Met</u> |
|---|-----------------------|-------------------|-------------------|
| Earn a GED | _____ | | |
| Enter another acad. program | _____ | | |
| Enter a post-secondary program or training | _____ | | |
| Personal objective*: | _____ | | |
| Describe: _____ | | | |
| _____ | | | |

| <i>Economic:</i> | <u>Student</u> | <u>Set</u> | <u>Met</u> |
|--|-----------------------|-------------------|-------------------|
| Gain employment | _____ | | |
| Retain employment (at least 9 mos.) | _____ | | |
| Job advancement | _____ | | |
| Reduce or eliminate public assistance | _____ | | |
| Enter the military | _____ | | |

| <i>Societal/Community:</i> | <u>Student</u> | <u>Set</u> | <u>Met</u> |
|---|-----------------------|-------------------|-------------------|
| Achieve citizenship skills | _____ | | |
| Become a citizen | _____ | | |
| Register to vote | _____ | | |
| Vote for the first time | _____ | | |
| Increase involvement in community activities | _____ | | |
| Receive driver's license | _____ | | |

| <i>Family:</i> | <u>Student</u> | <u>Set</u> | <u>Met</u> |
|--|-----------------------|-------------------|-------------------|
| Read more to children | _____ | | |
| Help child more frequently with schoolwork | _____ | | |
| Become involved in children's school activities | _____ | | |
| Increase contact with children's teacher | _____ | | |
| Visit library (with/for child) | _____ | | |
| Purchase books/magazines | _____ | | |

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OUTCOMES REPORT INSTRUCTIONS

Goals and/or achievements are tracked by the Pennsylvania Department of Education and United Way of Berks County. Please discuss the previous list with your student(s). If one (or more) applies to your student(s), fill in the start date in "SET" line (month and year are sufficient). If none of the listed goals apply, please complete the Personal Objective.

****Every student is expected to set and achieve at least one goal each year.***

Some questions to discuss when setting a personal objective: Is it specific? Measurable? Realistic? Manageable? How will I know I have mastered this objective? When your student(s) accomplishes the goal or earns the achievement fill in the "MET" line. Do not forget to keep a copy of this information for your records; you do not need to repeat the same goal in each month's report. Once you have listed a goal as set or met, it will be entered in the student's record.

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Postage
Stamp

**LITERACY COUNCIL OF READING-BERKS
35 SOUTH DWIGHT STREET
WEST LAWN PA 19609-1830**