



Monthly Learner/Tutor Report Form

Month _____ Year _____

Tutor Name: _____

Learner Name: _____

Meeting Location? _____

Are there any updates such as new address, telephone number, changes to work or family?

YES ___ NO ___

If yes, please explain:

RECORD OF HOURS:

	Dates (mm/dd/yy)	Travel hours	Prep hours	Tutoring hours	Other hours
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Totals:					

What materials are you currently using?

Are you as the tutor, or is your learner, having any challenges? Is there anything we can do to support you? If so, please describe _____

Using any of the following options, please send your report by the 15th of the following month.

1. **Drop off** at your closest library branch and ask to have it sent the **Adult Literacy Program**
2. **Email** the form to literacy@lakecountycalibrary.org
3. **Mail** to **Lake County Adult Literacy, 1425 North High Street, Lakeport, CA 95453**
4. **Fax** to **707-262-9029**

If you have questions or concerns, please contact the Adult Literacy Program Coordinator:
 Georgina Marie Guardado at georgina.guardado@lakecountycalibrary.org or 707-263-7633

Thank you tutors for all you do!