



Tutor Report

General Information

Tutor's name:	Student's name:	Today's Date:
Tutor's email:	Please confirm your student's address:	
Tutor's home phone:		
Tutor's work phone:		

Tutoring Resources

	Yes	No
Are you using our adult library?		
Are you using our Computer Learning Center?		
Would a site tour be helpful?		

Working with Your Student

Where do you meet with your student?
What days/dates do you usually meet?
What time do you usually meet?
How many hours per week do you meet?
How long do you prep before each session?
How is progress toward your student's personal educational goals:

Sharing Your Experience

Are you willing to share your tutoring experiences in any of the following ways:

	Yes	No
Speak for 10-15 min. at a tutor training workshop.		
Give a personal interview on radio or TV.		

Helping More

	Yes	No
Are you willing to work with an additional student?		
Are you interested in small group tutoring?		

Accomplishments

Has your student...	Approximate date, if applicable
Obtained a job	
Gotten a job promotion	
Maintained good employment	
Enrolled in GED	
Passed GED test	
Earned a H.S. Diploma	
Started other educational training (please specify)	
Improved skills for personal satisfaction	
Passed driver's license test	
Improved parenting skills	
Now able to help with children's homework	
Attended a teacher conference for the 1st time	
Obtained a library card	
Used library	
Passed citizenship test	
Registered to vote	
Voted for the first time	
Wrote a story	
Wrote a poem	
No longer needing public assistance	
Other (Please specify)	

No Longer Tutoring

	Yes	No
Do you want to be rematched?		
Does your student want to be rematched?		

Final termination date:

Please tell us why you are no longer tutoring (check all that apply)...

Tutor initiated termination:

Student initiated termination:

<input type="checkbox"/>	Personal reasons
<input type="checkbox"/>	Family problems
<input type="checkbox"/>	Fulfilled tutor commitment
<input type="checkbox"/>	Health/Pregnancy
<input type="checkbox"/>	Job/School conflicts
<input type="checkbox"/>	Moved/Left area
<input type="checkbox"/>	Student terminated
<input type="checkbox"/>	Transportation difficulties
<input type="checkbox"/>	Dissatisfied with experience
<input type="checkbox"/>	Don't know
<input type="checkbox"/>	Other (Please specify)

<input type="checkbox"/>	Personal reasons
<input type="checkbox"/>	Family problems
<input type="checkbox"/>	Met goals
<input type="checkbox"/>	Health/Pregnancy
<input type="checkbox"/>	Job/School conflicts
<input type="checkbox"/>	Moved/Left area
<input type="checkbox"/>	Tutor terminated
<input type="checkbox"/>	Transportation difficulties
<input type="checkbox"/>	Lack of interest
<input type="checkbox"/>	Lack of child care
<input type="checkbox"/>	Other (Please specify)

Any additional comments?
