



Kenosha Literacy Council, Inc.
 2419 63rd St. Kenosha, WI 53143
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Student/Tutor Monthly Progress Report

Date: _____

Please submit by the 10th of each month!

Month Tutoring Occurred: _____ Meeting Location _____

Day of Week Tutoring Occurred: _____ Time: _____

Tutor Name: _____

Student Name: _____

Circle One: ESL BASIC

Most recent date of tutoring: _____

Current Book: _____ Level #: _____ Lesson #: _____

Activity	Tutor/Student Hours	
	Tutor	Student
Instruction Hrs	_____	_____
Preparation Hrs	_____	_____
Travel Hrs	_____	_____
Computer Hrs	_____	_____
In areas other than tutoring	_____	_____
Total Hrs	_____	_____

Additional studies, programs, or activities you and your student are working on:

Description of Student's Progress this month. Please share as much as possible!

REMEMBER THAT THIS INFORMATION IS VERY IMPORTANT. IT IS USED TO ASSIST WITH THE FUNDING FOR THE COUNCIL.