

<p><b>AASD Volunteer Tutor Report</b></p> <p>Month/Year _____</p> <p>*Please return by the 6<sup>th</sup> of the following month.  ** If you are experiencing problems, contact your coordinator immediately.</p>	<p>Return to:  AASD Community Education Center  200 East Crawford Ave.  Altoona, PA 16602  ATTN: Barbe Daugherty  Drop-off: Hollidaysburg or Altoona Library  Email: <a href="mailto:bdaugherty@asdc.com">bdaugherty@asdc.com</a>  Phone: (814) 946-8495</p>
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<p>Adult Learner's Name:</p>	<p><b>LEARNER'S CURRENT GOAL:</b></p> <p><input type="checkbox"/> Pass the GED® tests  <input type="checkbox"/> Enter post-secondary or job training  <input type="checkbox"/> Enter employment  <input type="checkbox"/> Retain employment  <input type="checkbox"/> Other: citizenship, life skills, etc)  Please specify:</p>
<p>Volunteer Tutor's Name:</p>	

TUTOR PREP TIME	INSTRUCTIONAL TIME
<p>Remember: The goal is minimum of 3hrs/week</p> <p>1) Date/Amount of Time : _____</p> <p>2) Date/Amount of Time : _____</p> <p>3) Date/Amount of Time : _____</p> <p>4) Date/Amount of Time : _____</p> <p>5) Date/Amount of Time : _____</p> <p>6) Date/Amount of Time : _____</p> <p>7) Date/Amount of Time : _____</p> <p>8) Date/Amount of Time : _____</p> <p>9) Date/Amount of Time : _____</p> <p>10) Date/Amount of Time : _____</p>	<p>1) Date/Start &amp; End Times: _____</p> <p>2) Date/Start &amp; End Times: _____</p> <p>3) Date/Start &amp; End Times: _____</p> <p>4) Date/Start &amp; End Times: _____</p> <p>5) Date/Start &amp; End Times: _____</p> <p>6) Date/Start &amp; End Times: _____</p> <p>7) Date/Start &amp; End Times: _____</p> <p>8) Date/Start &amp; End Times: _____</p> <p>9) Date/Start &amp; End Times: _____</p> <p>10) Date/Start &amp; End Times: _____</p>

<p><b>TOTAL PREP HOURS:</b></p>	<p><b>TOTAL INSTRUCTIONAL HOURS:</b> (Goal: 12+hrs/mo)</p>
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**Please provide your feedback to the following questions:**

- 1. What did you cover this month in your lessons?**
- 2. What progress has/have your student(s) made toward the accomplishment of their goals?**
- 3. What (if any) other goals are you and your student(s) working on?**
- 4. What professional development would you like offered that could help you to assist your student in their goal achievement?**
- 5. Are you expecting any change in this pairing or group? (i.e. termination, lapse in meetings, returning home to country, etc)**