

LITERACY NENY QUARTERLY REPORT-TUTOR

Quarterly report for _____ - _____ - _____ 2009.

To be completed by the tutor partnership. Please return as soon as possible.

THANK YOU!

Tutor Name: _____

Learner's Name: _____

Tutor – What strategies are you using to help your learner meet his or her goal(s)?

Tutor – List any additional skills (reading, writing, spelling, etc.) that you would like to add to your learner's goal(s)

Tutor – How can the office assist you with materials and resources as you work towards your learner's goal(s)?

Is there anything you would like to add? _____

Tutor: Do you have any suggestions for in-services, programs, groups, or support that you would like us to offer? Please let us know how we can better serve your needs. *Please continue on back if necessary*

Do you tutor at the library? Y _____ N _____

Do you use library resources? Y _____ N _____

Does your student have a library card? Y _____ N _____

Additional comments always welcome! _____

Tutor Signature _____ **Date:** _____