Monthly Report

Month/Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month’s Preparation Hours: \_\_\_\_\_ Month’s Tutoring Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Unexcused absences? Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Hours: \_\_\_\_\_\_\_\_ What?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Did your student meet any of their primary or secondary goals? |
| Comments (Is there anything you need help with? How is your student progressing academically, etc.)  TOTAL HOURS: \_\_\_\_\_\_ |

Please send the completed form to executivedirector.dicksonreads@gmail.com