LODI ADULT LITERACY SERVICES
QUARTERLY TUTOR REPORT

FOR THE _____ QUARTER OF 20____

Tutor's Name: _____ **Learner's Name: _____**

Tutor's Phone: _____ **Tutoring Site: _____**

RECORD OF VOLUNTEER HOURS:

DATE	Tutoring Hours	Preparation Time	Skill Book	Lesson Number	Goals Worked On
Totals					

GOALS FROM THE ROLES AND GOALS FORM WHICH WERE MET DURING THIS QUARTER

Thank you for returning this report by the 5th of the next month following the end of the quarter to:

Lodi Public Library Literacy Office
201 West Locust Street
Lodi, CA 95240
Phone (209) 333-5554 or Fax (209) 367-4347