Literacy Central VI & Vancouver Island University

Joint Tutor-Learner Monthly Report: Month(s) & Year _____

Learner name: _____ Tutor name: _____

# of sessions scheduled _____ Self-study hours _____ (learner)

# of sessions met _____ Prep hours _____ (tutor)

Date Hours Tutored	**Briefly explain activity and materials used per lesson. Add comments or concerns on areas of progress or difficulty. Indicate anything that would help make your sessions more successful**