



Triangle South Literacy Works

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Dunn, NC 28334

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Monthly Pair Attendance Record

Circle or highlight the appropriate answers

Month: _____ Year: 201__

Days: M Tu W Th F Sa Frequency: _____ X/week

Tutor: _____

Site: _____

Student: _____

Hours Set: _____ Hours: 1 1.5
 From To 2 2.5
 3 3.5

Report all time to the nearest HALF HOUR (0.5) (1/2)

| | | | | | | |
|--|---|--|-------|------|----------|--|
| Did student complete a Series Book this month? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, name SERIES and BOOK # . Please use reverse side of form to mark achievements or to add tutor comments. | SERIES USED <input type="checkbox"/> Bible Stories <input type="checkbox"/> Challenger <input type="checkbox"/> Life Prints <input type="checkbox"/> Focus on Phonics <input type="checkbox"/> Other: _____ | Book # _____ Lesson # _____ | | | | |
| | | <input type="checkbox"/> Laubach Way to Reading <input type="checkbox"/> Laubach Way to Writing <input type="checkbox"/> Step Forward to Math <table border="1"> <tr> <td>Level</td> <td>Book</td> <td>Lesson #</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | Level | Book | Lesson # | |
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| | | | | | | |

- 1) Enter total tutoring, prep & travel time for each day in the blocks below to the nearest **HALF HOUR** (.5).
- 2) If a lesson was **cancelled**, give reason (tutor- or student-caused).
- 3) If tutoring **stopped**, enter last class date ____/____/201__ Reason for stopping: _____

How did you bring contextualized learning and technology to your student this month?

Date: _____ Instruction hours: _____
 Preparation hours: _____ Travel hours: _____

Date: _____ Instruction hours: _____
 Preparation hours: _____ Travel hours: _____

What did student learn today, in their own words? _____

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Date: _____ Instruction hours: _____
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What did student learn today, in their own words? _____

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Tutor: _____

Student: _____

Report all time to the nearest HALF HOUR (0.5) (1/2)

Date: _____ Instruction hours: _____
Preparation hours: _____ Travel hours: _____

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Student's Achievements this Month:

*Check the performance-based goal that was accomplished **this month only**. Do not check goals accomplished in previous months.*

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Accessed community services | <input type="checkbox"/> Got a library card | <input type="checkbox"/> Learned to use Smart phone | <input type="checkbox"/> Read to my children |
| <input type="checkbox"/> Applied for a credit card | <input type="checkbox"/> Got better job/promotion/raise | <input type="checkbox"/> Learned to use Internet | <input type="checkbox"/> Registered to vote |
| <input type="checkbox"/> Applied for job | <input type="checkbox"/> Got driver's license | <input type="checkbox"/> Learned US measurements | <input type="checkbox"/> Spoke with child's teacher |
| <input type="checkbox"/> Asked for directions | <input type="checkbox"/> Helped child with homework | <input type="checkbox"/> Pursue higher education | <input type="checkbox"/> Spoke with doctor |
| <input type="checkbox"/> Budgeted money | <input type="checkbox"/> Identified money/made change | <input type="checkbox"/> Read a map/bus schedule | <input type="checkbox"/> Translated into English |
| <input type="checkbox"/> Completed Skill Book # ____ | <input type="checkbox"/> ID'd citizenship requirements | <input type="checkbox"/> Read Bible/religious material | <input type="checkbox"/> Understood clothing sizes |
| <input type="checkbox"/> Created a resume | <input type="checkbox"/> Interviewed for job | <input type="checkbox"/> Read food labels/newspaper | <input type="checkbox"/> Understood movies/TV |
| <input type="checkbox"/> Dealt with traffic ticket | <input type="checkbox"/> Learned about new customs | <input type="checkbox"/> Read lease/real estate listings | <input type="checkbox"/> Used a computer |
| <input type="checkbox"/> Filled out loan application | <input type="checkbox"/> Learned new skills | <input type="checkbox"/> Read/paid bills | <input type="checkbox"/> Used ATM |
| <input type="checkbox"/> Filled out school forms | <input type="checkbox"/> Learned to use Facebook | <input type="checkbox"/> Read prescription bottle | <input type="checkbox"/> Wrote a note to someone |
| <input type="checkbox"/> Other _____ | | | |

Tutor's Observations & Comments: _____

