

ADULT TUTOR LOG

Month _____ Year _____

TUTOR: _____

LEARNER: _____

Week	Date	Book Level and Lesson(s)	# of Tutor hrs	# of Preparation hrs
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Total number of sessions this month: _____

Total # of hours: _____

Tutored

Preparation

Has your learner completed any books this month? If yes, please indicate: _____

End of book "Checkups" and certificates are available at OLC office.

If you or your learner has decided to stop, please explain: _____

Questions or Comments? Suggestions on how to improve OLC?

Please note any name/phone/address change:

Tutor: _____

Learner: _____

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(f) 417.831.3555

Thank you for helping us to track our volunteer hours. As a non-profit agency, *Ozarks Literacy Council* is required by our grantors and our affiliate organizations to submit an annual account of volunteer hours. **Thank you for keeping all information confidential.**