Salt Spring Literacy
Learn. Grow. Succeed.

Salt Spring Literacy
Joint Tutor-Learner Monthly Report

Learner name: _____ **Tutor name:** _____

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

 # 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.

Total Hours: