

# SMALL GROUP Monthly Tutoring and Attendance Calendar

**Instructions:** At the end of each month, please fill in the first two sections below completely. Fill in the third section as appropriate. On the other side, follow directions to fill in the details of your meetings with your student.

**\*\*\*\*Delivery of Calendar: This form must be in our office by the 5th of each month.**

**Mail or drop off at office:** SCOLA Volunteers for Literacy  
2013 Boulevard Avenue, Suite One  
Scranton, PA 18509

**E-mail to Mary Ann at**  
maryann.tolerico@epix.net

**FAX to Mary Ann 570-346-3060**

**Tutor** \_\_\_\_\_

**Month** \_\_\_\_\_ **Year** \_\_\_\_\_

**Student** \_\_\_\_\_

**YOUR Total Hours Tutoring THIS Month** \_\_\_\_\_  
(Individual student hours on the reverse.)

**PROGRAM: 0-4    5-8    ESL** (Circle one)

What days do you meet? (Circle) S M T W TH F S

Where do you meet? \_\_\_\_\_

What time do you meet? (Ex: 6 to 7:30 p.m.) \_\_\_\_\_

Estimate travel time to and from lessons for the month \_\_\_\_\_

Estimate preparation time for lessons for the month \_\_\_\_\_

BOOK (at end of month)	BOOK #	LESS. #	BK COMPLETED DATE
Advanced Text (Grammars, Novels Col.Studies, etc.)			
Challenger			
Computer (math, comprehension, etc.)			
GED			
Lifeskills Books/Forms			
Makes Sense: vocab, etc.			
Number Power			
Oxford Picture Dictionary			
OPD Beg. Wkbk.			
OPD Int. Wkbk.			
PA Driver's Manual			
Pre-Ged			
Readers (Hi-Lo)			
Real-Life Eng.			
Side by Side			
Skill Book			
Spelling Books			
Other			

My student has identified a goal(s). Yes \_\_\_\_\_ No \_\_\_\_\_

They are: \_\_\_\_\_

We are working on the goal(s). Yes \_\_\_\_\_ No \_\_\_\_\_

I need help to get S. to identify goal(s). Yes \_\_\_\_\_ No \_\_\_\_\_

I need help w/materials related to goal(s). Yes \_\_\_\_\_ No \_\_\_\_\_

List **Any Goals Completed THIS MONTH:**

Are you having any problems?

Do you need anything?

Any major occurrences this month due to S. involvement in SCOLA? For example, **driver's license, job promotion, voted, got a job/off assistance, read a book on his/her own, personal goal, etc.**

Did you **use or do anything unusual or different** with your student this month?

**Thank you for helping us keep accurate records !!!**



