

Humboldt Literacy Project  
 428 C Street, Suite D, Eureka, CA 95501  
 707-445-3655 fax 707-445-0464

**Monthly Tutor Report**

Tutor: \_\_\_\_\_

Learner: \_\_\_\_\_

Month: \_\_\_\_\_

Record of hours (report to nearest quarter hour)

<b>Date</b>	<b>Tutoring Location</b>	<b>Tutoring Start time</b>	<b>Tutoring End Time</b>	<b>Total Tutoring Hours</b>	<b>Prep Hours</b>	<b>Meeting, Training Hours</b>
01	_____	_____	_____	_____	_____	_____
02	_____	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____	_____
07	_____	_____	_____	_____	_____	_____
08	_____	_____	_____	_____	_____	_____
09	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____	_____
22	_____	_____	_____	_____	_____	_____
23	_____	_____	_____	_____	_____	_____
24	_____	_____	_____	_____	_____	_____
25	_____	_____	_____	_____	_____	_____
26	_____	_____	_____	_____	_____	_____
27	_____	_____	_____	_____	_____	_____
28	_____	_____	_____	_____	_____	_____
29	_____	_____	_____	_____	_____	_____
30	_____	_____	_____	_____	_____	_____
31	_____	_____	_____	_____	_____	_____
<b>Total Hours</b>				_____	_____	_____

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**Monthly Tutor Report**

Enter any changes from your last report:

**TUTOR**

**LEARNER**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Comments, problems, questions? Use the space below.