SMALL GROUP
MONTHLY REPORT

****Due by the last day of the month*

200__ Month_____ Total number of small group meetings this month _____

Name of small group _____-

Report hours to nearest quarter hour.

TUTOR VOLUNTEER HOURS

Tutor or Intern Tutor's Name	Tutoring in Group: TOTAL HOURS for MONTH	Lesson Preparation: TOTAL HOURS for MONTH	Travel Time: TOTAL HOURS for MONTH
1)			
2)			
3)			
4)			

LEARNERS' INSTRUCTION TIME

Mark "X" in square if learner attended meeting; leave blank if absent.

Learner's First Name, Last Initial	*Mtg. Date*									Total # Meetings Attended	Total Instruction Hours
	# Hours										
1)											
2)											
3)											
4)											
5)											
6)											
7)											
8)											
9)											
10)											
11)											
12)											

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