

Literacy Central Vancouver Island Joint Tutor-Learner Monthly Report: Month(s) & Year______

Learner name:		Tutor name:	
# of sessions scheduled # of sessions met		Self-study hours Prep hours	(learner) (tutor)
Date Hours Tutored	Briefly explain activity and material progress or difficulty. Indicate anyther	s used per lesson. Add com hing that would help make y	ments or concerns on areas of our sessions more successful