

HOURS CALENDAR

Tutor Name: _____
 Student's Name: _____

Month _____ Year _____
 Total Tutoring (T)Hours _____
 Total Prep. (P) Hours _____
 Total Admin/Travel (A)Time _____

Please: 1. Put the date in each small box as it corresponds to the days of the current month.
 2. If lesson is canceled, indicate the reason or mark as excused.

Monday	Tuesday	Wednesday	Thursday	Friday
T- P- A-	T- P- A-	T- P- A-	T- P- A-	T- P- A-
T- P- A-	T- P- A-	T- P- A-	T- P- A-	T- P- A-
T- P- A-	T- P- A-	T- P- A-	T- P- A-	T- P- A-
T- P- A-	T- P- A-	T- P- A-	T- P- A-	T- P- A-
T- P- A-	T- P- A-	T- P- A-	T- P- A-	T- P- A-
T- P- A-	T- P- A-	T- P- A-	T- P- A-	T- P- A-

Goal(s) established: _____

I have noticed progress in: _____

Comments on student sessions: _____

Goals Completed

Achieved Goal(s): _____

Called this information into my Tutor Contact (name) _____ or the office
 on _____.