



LITERACY COUNCIL OF READING-BERKS
MONTHLY STUDENT PROGRESS REPORT
 (Please mail to the Office within five (5) days after the end of the month)

Tutor: _____

Month/Year: _____

Meeting place: _____

Check one: _____ Daytime _____ Evening

Total Tutor Hours: _____

Total Tutor Prep. Hours: _____

Total Professional Development Hours: _____

Professional Development Topic: _____

I need help with: _____

*Please notify office of any phone number, address or status changes.

Student(s) Name	Tutor Hours

All Literacy Council students are assessed every 70-100 hours of instruction. If you have not received a notice, please contact the office to make an appointment.

Other materials used (check all that apply):
 Readers/Novel _____ Child Care _____
 Puzzles _____ Driver Manual _____
 Newspapers _____ Other (please specify) _____
 Flash Cards _____ _____

**REMEMBER, OUR FUNDING TO
 PROVIDE FREE SERVICES IS
 DEPENDENT ON THE
 INFORMATION YOU GIVE US.**

Extra copies of this form can be picked up at the office, or they will be mailed to you upon request.

Progress reports may be mailed, faxed, or telephoned to the office.

Reports can also be emailed to Beverly Hirneisen, Support Services Coordinator, at bev@lcrb.org

Phone: 610.670.9960 Fax: 610.927.4876

**Thank you for your efforts to help close the book on illiteracy in
 Berks County!**

<i>Educational Gains:</i>	<u>Student</u>	<u>Set</u>	<u>Met</u>
Earn a GED	_____	_____	_____
Enter another acad. program	_____	_____	_____
Enter a post-secondary program or training	_____	_____	_____
Personal objective*:	_____	_____	_____
Describe: _____	_____	_____	_____

<i>Economic:</i>	<u>Student</u>	<u>Set</u>	<u>Met</u>
Gain employment	_____	_____	_____
Retain employment (at least 9 mos.)	_____	_____	_____
Job advancement	_____	_____	_____
Reduce or eliminate public assistance	_____	_____	_____
Enter the military	_____	_____	_____

<i>Societal/Community:</i>	<u>Student</u>	<u>Set</u>	<u>Met</u>
Achieve citizenship skills	_____	_____	_____
Become a citizen	_____	_____	_____
Register to vote	_____	_____	_____
Vote for the first time	_____	_____	_____
Increase involvement in community activities	_____	_____	_____
Receive driver's license	_____	_____	_____

<i>Family:</i>	<u>Student</u>	<u>Set</u>	<u>Met</u>
Read more to children	_____	_____	_____
Help child more frequently with schoolwork	_____	_____	_____
Become involved in children's school activities	_____	_____	_____
Increase contact with children's teacher	_____	_____	_____
Visit library (with/for child)	_____	_____	_____
Purchase books/magazines	_____	_____	_____

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OUTCOMES REPORT INSTRUCTIONS

Goals and/or achievements are tracked by the Pennsylvania Department of Education and United Way of Berks County. Please discuss the previous list with your student(s). If one (or more) applies to your student(s), fill in the start date in "SET" line (month and year are sufficient). If none of the listed goals apply, please complete the Personal Objective.

****Every student is expected to set and achieve at least one goal each year.***

Some questions to discuss when setting a personal objective: Is it specific? Measurable? Realistic? Manageable? How will I know I have mastered this objective? When your student(s) accomplishes the goal or earns the achievement fill in the "MET" line. Do not forget to keep a copy of this information for your records; you do not need to repeat the same goal in each month's report. Once you have listed a goal as set or met, it will be entered in the student's record.

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