



Aquinas Literacy Center 2009 – 2010 Monthly Tutoring and Attendance Statistics

Name of Tutor _____ Current Month & Year _____

Name of Student #1 _____ Name of Student #2 _____

*Please fill in the calendar below with the hours that you have spent in **Prep Time (P)**, **Tutoring (T)**, **Other (O)**.*

Monday	Tuesday	Wednesday	Thursday
P:	P:	P:	P:
T:	T:	T:	T:
O:	O:	O:	O:
P:	P:	P:	P:
T:	T:	T:	T:
O:	O:	O:	O:
P:	P:	P:	P:
T:	T:	T:	T:
O:	O:	O:	O:
P:	P:	P:	P:
T:	T:	T:	T:
O:	O:	O:	O:
P:	P:	P:	P:
T:	T:	T:	T:
O:	O:	O:	O:

Please complete the bottom portion on the last day of the month.

Total tutoring time per student:

Combined total time for all students:

Student #1

_____ **Total** Preparation Time

Student #2

_____ **Total** Tutoring Time

Other **Total**
