

Volunteer and Student Activity Report

Check Quarter
 Jul-Sep
 Oct-Dec
 Jan-Mar
 Apr-June

Volunteer _____ Date _____

Address _____ Tel _____

Service Hours (non tutoring; board, office, special events, etc.) _____ Email _____

Student(s) _____

Meeting Place/Time _____

Student/Tutor Hours _____ Preparation Hours _____

Travel Hours _____ Continued Tutor Education Hours _____

If tutoring stopped, date stopped _____ Reason _____

Do you want another match? _____ Do you want a call from your coordinator? _____

Comments (continue on back if needed) _____

✓ Check off student's goals for this program year, July-June.

If student has achieved any of these goals this quarter, (or previously unreported) please put in the approximate date.

Has Goal	Date Achieved Goal
<input type="checkbox"/> Obtain a job	____/____/____
<input type="checkbox"/> Retain employment	____/____/____
(only use as a goal if student needs to improve reading/English for current job)	
<input type="checkbox"/> Improve employment (raise, better hours, any change for the better)	____/____/____
<input type="checkbox"/> Earn GED Certificate	____/____/____
<input type="checkbox"/> Earn Secondary School Diploma	____/____/____
<input type="checkbox"/> Enter Post Secondary Education	____/____/____
<input type="checkbox"/> Enter Training	____/____/____

Achievements During Quarter (can be ongoing)

- | | |
|--|--|
| <input type="checkbox"/> Get Involved in Children's Education
<input type="checkbox"/> Get Involved in Children's Literacy Activities
<input type="checkbox"/> Obtain Citizenship Skills (can be ongoing)
<input type="checkbox"/> Register to Vote or Vote for 1 st time
<input type="checkbox"/> Get Involved in Community Activities
<input type="checkbox"/> Reduce or <input type="checkbox"/> Removal from Public Assistance
<input type="checkbox"/> Other _____ | Improved Competency in:
<input type="checkbox"/> Basic Skills <input type="checkbox"/> Government/Law
<input type="checkbox"/> Community Resources <input type="checkbox"/> Parenting
<input type="checkbox"/> Consumer Economics <input type="checkbox"/> Health Care
<input type="checkbox"/> Occupational Knowledge
<input type="checkbox"/> Learning/Using Technologies
<input type="checkbox"/> Other _____ |
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*This information is required by NYS Department of Education. All names are strictly confidential.