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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/Week day _____

Student/Tutor Hours (total for quarter) _____ Preparation Hours _____

Travel Hours _____ Additional Tutor Trainings/Workshop Hours _____

If tutoring stopped, date stopped _____ Reason _____

Do you want another match? ☐ Yes ☐ No

Do you want a call from your coordinator? ☐ Yes ☐ No

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

- ☐ Obtain a job
- ☐ Retain employment
- ☐ Improve employment (raise, better hours, any change for the better)
- ☐ Earn GED Certificate
- ☐ Earn Secondary School Diploma
- ☐ Enter Post-Secondary Education
- ☐ Enter Training

Date Achieved Goal

____/____/____
____/____/____
____/____/____
____/____/____
____/____/____
____/____/____
____/____/____

Achievements During Quarter (can be ongoing)

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

**This information is required by NYS Department of Education. All names are strictly confidential.*