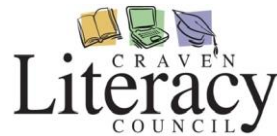


Craven Literacy Council



2507-A Neuse Blvd., New Bern, NC 28562

Phone: 252-637-8079

Email: clchours@gmail.com

MONTHLY ATTENDANCE REPORT FOR THE MONTH OF _____

TUTOR NAME: _____
 TUTORING HOURS: _____
 PREPARATION HOURS: _____
 TRAVEL HOURS: _____

TUTOR NAME: _____
 TUTORING HOURS: _____
 PREPARATION HOURS: _____
 TRAVEL HOURS: _____

STUDENT NAME	CLASS DATES												
	LENGTH OF CLASS (in Hrs)												
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

Please fill in the dates for the month and list each student in your group. Use an "x" or a "v" to note the student attended on that date. If the student was absent, leave blank.

Please inform us of any student no longer attending your group and why.

STUDENT	REASON FOR LEAVING	STUDENT PHONE NUMBER