

Craven Literacy Council

2507-F Neuse Blvd.
New Bern, NC 28562



Phone: 252-637-8079
Email: info@cravenliteracyorg

MONTHLY ATTENDANCE REPORT FOR THE MONTH OF _____
Please return this sheet within 10 days after the end of the month or complete the online form at www.cravenliteracy.org

TUTOR NAME: _____ TUTORING HOURS: _____

PREPARATION HOURS: _____ TRAVEL HOURS: _____ MILEAGE: _____

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 "√" 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