

Literacy Network

Personal Tutors' Monthly Feedback Form

(one form for each month due by the 5th of following month)

Month: _____ Year: _____

Program: Basic Literacy/ABE ESL

Tutor: _____ Learner: _____

Address, phone number, or e-mail change for you or your learner? _____

Our tutoring program requires tutors/learners to meet **at least** 8 hours each month.

How many TOTAL HOURS did you meet this month? (Please round up) _____

Were there any interruptions due to no-shows, illnesses, vacations or other problems? Please explain: _____

LEARNER ACHIEVEMENTS

Please check off the goals of your learner that were achieved this month

General Literacy Skills

- | | |
|---|---|
| <input type="checkbox"/> Asked more questions | <input type="checkbox"/> Expressed opinions more clearly |
| <input type="checkbox"/> Filled out form | <input type="checkbox"/> Improved grammar skills |
| <input type="checkbox"/> Improved listening comprehension | <input type="checkbox"/> Improved pronunciation |
| <input type="checkbox"/> Improved reading comprehension | <input type="checkbox"/> Improved spelling/writing skills |
| <input type="checkbox"/> Kept a reading log | <input type="checkbox"/> Learned/improved basic computer skills |
| <input type="checkbox"/> Learned new vocabulary | <input type="checkbox"/> Read more |
| <input type="checkbox"/> Spoke English with more confidence | |

Community Involvement

- | | |
|---|--|
| <input type="checkbox"/> Became an American citizen | <input type="checkbox"/> Became more active in community |
| <input type="checkbox"/> Got Driver's License | <input type="checkbox"/> Got a library card |
| <input type="checkbox"/> Learned citizenship information | <input type="checkbox"/> Spoke with customer service with confidence |
| <input type="checkbox"/> Used English more in the community | <input type="checkbox"/> Voted or registered to vote |
| <input type="checkbox"/> Went to a public library | |

Employment

- | | |
|---|---|
| <input type="checkbox"/> Achieved goal on project at work | <input type="checkbox"/> Continued job |
| <input type="checkbox"/> Given new responsibilities at work | <input type="checkbox"/> Got a job/promotion/better job |
| <input type="checkbox"/> Improved communication with supervisor | <input type="checkbox"/> Understood company better |
| <input type="checkbox"/> Understood co-workers better | <input type="checkbox"/> Used English at work |

Education

- | | |
|--|--|
| <input type="checkbox"/> Entered college, certificate, or job training | <input type="checkbox"/> Got G.E.D. or H.S.E.D |
| <input type="checkbox"/> Met with counselor to enter training program | <input type="checkbox"/> Passed test to enter training program |
| <input type="checkbox"/> Started job training program | |

Financial Literacy

- Balanced checkbook
- Compared prices and bargains or figured out cost of items
- Found low prices in flyers
- Increased understanding of money/finances
- Learned how to make better decisions about money
- Learned to say and write numbers
- Stopped using public assistance
- Understood apartment lease (rights & responsibilities)
- Understood differences of paying with cash/credit
- Understood services and forms at bank
- Understood warranties for purchased items
- Used a money plan or budget
- Wrote a personal check

Health Literacy

- Described health symptoms
- Filled out a patient form at clinic or hospital
- Learned about healthy food
- Learned about healthy habits
- Learned how to ask a pharmacist questions
- Learned the names of body parts
- Learned when to use the Emergency Room/Urgent Care
- Learned where to go for free/affordable healthcare
- Made a clinic appointment in English
- Read & understood directions on medication bottle
- Talked to a nurse or doctor in English
- Told the school child was sick
- Understood blood pressure reading
- Understood patient rights & responsibilities at a clinic

Involvement with child's education

- Called the school
- Helped the child more with school
- Helped child read or write
- Increased contact with child's teacher
- Read to a child
- Visited library (with/for child)
- Wrote or spoke to child's teacher

How would you currently rate your match and why?

- Fantastic! Pretty good Okay Not good Awful

Do you think the learning partnership is a positive experience for both of you?

Any other questions, comments or concerns about your match?

Do you have any suggestions for in-service tutor training topics?

Have you and your learner accomplished a goal not listed above? Whether it is major (earning a driver's license, etc.) or more modest, please tell us here!

Do you want us to contact you about anything (on this form or not)? Yes No

Do you want us to send you more feedback forms? Yes, please! Here's the address: