

Literacy Volunteers Ontario-Yates

Semi-Annual Student/Tutor Report

Please complete this report and return by **December 31, 2010**

Return to: Literacy Volunteers Ontario-Yates

208 S. Main Street, Canandaigua NY 14424

OR

117 E. Elm Street, Penn Yan, NY 14527

Student Name	
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Tutor Name	
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Meeting Place	
Meeting Day & Time	

Has your student discontinued tutoring? YES NO

If yes, please answer the following questions:

Date of last tutoring session	
Reason for discontinuing	

Is your student employed? YES NO

If yes, please answer the following questions:

Part Time or Full Time?	
Where & what type of work	

PLEASE SEE REVERSE SIDE FOR DOCUMENTING SPECIFIC GOALS. →

Please check all NEW GOALS your student may have set and also list a date for each GOAL MET since the last reporting period. If there is more detailed information you would like to share to expand on your student's goals, please write below or include on the back page. A list of possible goals is attached to help you discuss more specific goals with your student. Thank you!!

Economic	NEW GOAL?	MET GOAL?	DATE MET
Obtain employment	<input type="checkbox"/>	<input type="checkbox"/>	
Retain employment	<input type="checkbox"/>	<input type="checkbox"/>	
Improve employment	<input type="checkbox"/>	<input type="checkbox"/>	
Complete a job application	<input type="checkbox"/>	<input type="checkbox"/>	
Complete a job interview	<input type="checkbox"/>	<input type="checkbox"/>	
Conduct a job search	<input type="checkbox"/>	<input type="checkbox"/>	
Leave or reduce public assistance	<input type="checkbox"/>	<input type="checkbox"/>	

Education Goals

Enroll in another educational program	<input type="checkbox"/>	<input type="checkbox"/>	
Obtain GED	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer from ESOL to BL	<input type="checkbox"/>	<input type="checkbox"/>	
Improve computer skills	<input type="checkbox"/>	<input type="checkbox"/>	
Enter post-secondary education	<input type="checkbox"/>	<input type="checkbox"/>	
Enter training program	<input type="checkbox"/>	<input type="checkbox"/>	
Pass TOEFL	<input type="checkbox"/>	<input type="checkbox"/>	

Citizen/Community

Obtain a library card	<input type="checkbox"/>	<input type="checkbox"/>	
Use library card independently	<input type="checkbox"/>	<input type="checkbox"/>	
Apply for or get driver's license	<input type="checkbox"/>	<input type="checkbox"/>	
Register to vote	<input type="checkbox"/>	<input type="checkbox"/>	
Vote for the first time	<input type="checkbox"/>	<input type="checkbox"/>	
Apply for or receive citizenship	<input type="checkbox"/>	<input type="checkbox"/>	
Join community group	<input type="checkbox"/>	<input type="checkbox"/>	
Participate in community event	<input type="checkbox"/>	<input type="checkbox"/>	

Family/Self

Improve English speaking skills	<input type="checkbox"/>	<input type="checkbox"/>	
Improve English writing skills	<input type="checkbox"/>	<input type="checkbox"/>	
Read to children/help with homework	<input type="checkbox"/>	<input type="checkbox"/>	
Open checking account	<input type="checkbox"/>	<input type="checkbox"/>	
Improve confidence in conversations	<input type="checkbox"/>	<input type="checkbox"/>	
Maintain journal/diary	<input type="checkbox"/>	<input type="checkbox"/>	
Read Bible passages	<input type="checkbox"/>	<input type="checkbox"/>	

Other Goals:

What types of reading does your student enjoy (fiction, non-fiction, mystery, romance, poems, magazines, animals, etc.)?

Are there specific reading or writing skills your student would like to improve (comprehension, writing essays or letters, crossword puzzles, grammar, sequencing, spelling, etc.)?

Is there anything your student has always wanted to do or wanted to learn more about but never did because of their literacy needs - If so, what?

Are there any specific situations that your student feels particularly uncomfortable in due to their literacy or English speaking needs - If so, what?

Thank you for returning on or before December 31, 2010

Goal Worksheet

Here is a listing of some specific goals that your learner may have. **Use it as a tool** to help you and your student choose appropriate long and short-term goals

Basic Goals

Learn the alphabet
Write name, address, and phone number
Count and use coins
Use the calendar
Read road signs
Tell time

Survival Skills

Read menus
Write shopping lists
Use coupons
Write checks
Read newspapers
Open and Use Checking/Savings Accounts
Use the telephone book
Read medication labels/Prescriptions
Locate and use health care facilities
Make a doctor's appointment
Describe symptoms of an illness
Read food labels
Fill out insurance and medical forms
Read and pay bills
Read maps, travel information and schedules
Learn first aid

Personal/Self

Improve speaking skills
Improve reading skills
Improve writing skills
Increase confidence in conversation
Read Bible passages
Maintain journal/diary
Obtain driver's license
Prepare tax forms
Obtain social security number
Obtain green card

Family/Home

Read about childcare
Read to children/Help with homework
Read notes from/Write note to school
Participate in PTA/PTO
Read magazines

Work/Education

Read Classified ads
Complete a job application
Complete a job interview
Obtain employment
Improve employment
Conduct a job search
Leave or reduce public assistance
Read notes, manuals or work related materials
Write work related notes and reports
Fill out orders and requisitions
Improve computer skills
Enroll in educational/training program
Transfer from ESL to BL
Obtain GED
Enter post-secondary education
Pass TOEFL
Prepare a resume

Citizen/Community

Obtain a library card
Use library card independently
Register to vote
Vote for the first time
Apply for and receive citizenship
Join community group
Participate in community event
Learn about the community, county and state
Volunteer within the community

LITERACY VOLUNTEERS OF ONTARIO-YATES

Annual Learner Update for Returning Learners

Name _____

Address _____

City _____ Zip _____

Phone # _____

Whom should we contact in case of emergency? _____

Employment Status (circle one)

Employed FT Employed PT Unemployed >1year and available to work

Unemployed <1year and available to work Not Available to work Retired

Receiving Public Assistance yes no type? _____

Short Term Goals (attainable within one program year)

Choose up to 2: Get a job Retain employment Improve employment Get

GED

Enter Postsecondary Education

Enter Training

Other Goals

Tutors: Please complete with your student and return with semi-annual goals sheet. Thank you.