Volunteer Literacy Tutor Program

Student Attendance

Term/Year: _____ Tutor: _____

Tutor Check List:

We need:

- ✓ Student Signature
- ✓ Date
- ✓ Number of hours tutored

For:

- ✓ Each student (including each student in a group)
- ✓ Each tutoring session

Forms are to be returned at the end of each term* to:

CCC/Volunteer Literacy Program
1653 Jerome
Astoria, OR 97103

(* Terms end in February, May, August and December)

DATE	STUDENT'S SIGNATURE	# HOURS TUTORED

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