

Student Name	Tutor Name	Date
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Lesson Plan (teacher fills out)	Tutor Report (tutors fill out)
Pre-Reading (oral) Activity:	<input type="checkbox"/> Needs more practice <input type="checkbox"/> Might be ready to move on <input type="checkbox"/> Did not do, because:
Phonics Activity:	<input type="checkbox"/> Needs more practice <input type="checkbox"/> Might be ready to move on <input type="checkbox"/> Did not do, because:
High Frequency Words Activity	<input type="checkbox"/> Needs more Practice <input type="checkbox"/> Might be ready to move on <input type="checkbox"/> Did not do, because:
Student Reading:	<input type="checkbox"/> Needs more practice <input type="checkbox"/> Might be ready to move on <input type="checkbox"/> Did not do, because:
Other Notes	Other Notes