

# Student Achievement Report

Student: \_\_\_\_\_ Tutor: \_\_\_\_\_

Quarter:    Jan 1-March 31                      April 1-June 31                      July 1-Sept 31                      Oct 1-Dec 31

Still active     Exited without completing     Completed program     Received a certificate

- |  |   |
|--|---|
| <input type="checkbox"/> Started class this quarter      | <input type="checkbox"/> Got a new job this quarter           |
| <input type="checkbox"/> Continued from previous quarter | <input type="checkbox"/> Maintained employment this quarter   |
| <input type="checkbox"/> Wants to study for GED          | <input type="checkbox"/> Improved employment this quarter     |
| <input type="checkbox"/> Does not want to study for GED  | <input type="checkbox"/> Unemployed and looking for a job     |
|  | <input type="checkbox"/> Unemployed and NOT looking for a job |

## Practice and Use New Workplace English Skill:

- |  |  |
|--|--|
| <input type="checkbox"/> Filled out application/ Said personal information | <input type="checkbox"/> Created a resume or cover letter  |
| <input type="checkbox"/> Looked for jobs or volunteer opportunities        | <input type="checkbox"/> Did volunteer work                |
| <input type="checkbox"/> Participated in a mock interview/discussed skills | <input type="checkbox"/> Wrote a work history              |
| <input type="checkbox"/> Scheduled an appointment                          | <input type="checkbox"/> Filled out a form                 |
| <input type="checkbox"/> Asked for help or clarification                   | <input type="checkbox"/> Practice greetings and small talk |
| <input type="checkbox"/> Wrote a note                                      | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Reported a problem or mistake appropriately       | _____  |

## Make a Demonstrated Gain in Language or Literacy Proficiency:

- |   |  |
|---|--|
| <input type="checkbox"/> Improved reading comprehension | <input type="checkbox"/> Improved writing skills       |
| <input type="checkbox"/> Learned a new computer skill   | <input type="checkbox"/> Mastered grammar topic: _____ |
| <input type="checkbox"/> Improved pronunciation         | <input type="checkbox"/> Other: _____                  |
| <b>How was this gain demonstrated?</b> _____            | _____  |

## Put into Practice a New Habit for Academic Success:

- |   |  |
|---|--|
| <input type="checkbox"/> Set personal goals                   | <input type="checkbox"/> Learned about educational resources |
| <input type="checkbox"/> Adopted study or test-taking skills  | <input type="checkbox"/> Started doing weekly homework       |
| <input type="checkbox"/> Told tutor what s/he wanted to study | <input type="checkbox"/> Other: _____                        |

## Make a Gain in English for Health, Civics, or Family Literacy:

- |   |   |
|---|---|
| <input type="checkbox"/> Became a citizen                           | <input type="checkbox"/> Made doctor's appt./described symptoms |
| <input type="checkbox"/> Increased involvement in child's education | <input type="checkbox"/> Voted                                  |
| <input type="checkbox"/> Got a driver's license                     | <input type="checkbox"/> Other: _____                           |

**What student gains are you most proud of?**



# Student Achievement Report



*Semester Dates:* \_\_\_\_\_

Class Session	Date of Session	Duration of Session	Notes
<i>Example</i>	<i>1/17/15</i>	<i>2 hours</i>	
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			
<b>9</b>			
<b>10</b>			
<b>11</b>			
<b>12</b>			
<b>Total Sessions:</b>		<b>Total Hours:</b>	

