



PLACER ADULT LITERACY SERVICE

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Helping Placer County adults turn a new page in life since 1985!

READING COACH REPORTING FORM

Thank you for completing this required state reporting form. Please submit by the fifth of each month for the previous month! Thank you for time spent with *and* for your learner!

Month / Year: _____

Reading Coach's Name: _____

Learner's Name: _____

Tutoring Site: _____

Record of Hours: *please use .25 for 15 minutes; .5 for 30 minutes; and .75 for 45 minutes*

	Dates	Tutoring Hours	Prep Hours	Travel Hours	Other Hours
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
	TOTALS ⇨				

Has your learner met and/or set any goals? Please define according to the CLLS Roles and Goals form:

What materials/texts/methods have you used this month?

Do you need any assistance from the office? How can we help you?

