

Date Student Contacted LN _____ Date You Started Tutoring: _____

Tutoring Day and Time: _____ Tutoring Location (specify) _____

Goals: (circle all that apply)

- | | |
|--|--|
| 1. Improve Reading/Writing | 9. Other/special reason for seeking help |
| 2. Basic daily living skills – banking, phone, shopping | _____ |
| 3. Help children with education | _____ |
| 4. Fill out forms | |
| 5. Obtain job or advancement. | |
| 6. Obtain Drivers license | |
| 7. Participate in community activities (church, library, voting, etc.) | |
| 8. Enroll in ABE or GED class | |

Tutor's Name: _____ Date: _____
(please print)

COMPLETE AND RETURN TO:
Literacy Nassau
187 Smith Street, Freeport, NY 11520

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