



Literacy Volunteers – Stamford / Greenwich, Inc.

141 Franklin Street, Stamford, CT 06901-1014

Phone: 203-324-5214, Fax: 203-348-8917

Pati.Guza@lvsg.org

Month/Year:

Tutor's name:

Place, day and time:

STUDENT MONTHLY ATTENDANCE HOURS*

**Attendance must be submitted the last day that your class meets during the month.
Delayed submission impacts on funding from the CT State Department of Education.*

Please write the date in the top row and enter each student's hours below the date.
Include monthly totals for each student.

	NAME	DATE	DATE	DATE	DATE	DATE	TOTAL
1.							
2.							
3.							
4.							
5.							
6.							
7.							

STUDENTS WITH TWO OR MORE UNEXCUSED ABSENCES:

NAME	LAST DATE ATTENDED	REASON FOR LEAVING:

TUTOR MONTHLY HOURS

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL
Instruction						
Preparation						
Travel						

Comments: (Please include any changes of addresses or phone numbers for students.)

* Please fill out completely including dates of attendance and double check students' hours for accuracy.