

Literacy Volunteers of Randolph County

**Tutor Statistic Forms for July 1 – June 30**

Please fill out this form per student for our annual report.

Tutor's Name:

Student's Initials:

Student area of study ( Basic Reading / English Speakers of Other Languages - ESOL)

Total hours tutored:

Other hours:

Does the student have a cell phone? ( Yes, No, I don't know )

What is the student's level of education?

( Less than 12<sup>th</sup>, High School Diploma, GED/HSE Credential,  
Some College, College Degree, I don't know )

What is your student's employment status?

( Employed, Unemployed, Not in labor force, I don't know )

What is the student's age?

( 15 & under, 16-18, 19-24, 25-44, 45-59, 60 & under, Not available )

What is the Student's ethnicity/race ?

- |  |  |
|--|--|
| <input type="checkbox"/> Asian                           | <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander |
| <input type="checkbox"/> Black/ African American         | <input type="checkbox"/> White                                   |
| <input type="checkbox"/> Hispanic or Latino              | <input type="checkbox"/> Other                                   |
| <input type="checkbox"/> Native American/ Alaskan Native | <input type="checkbox"/> I don't know                            |

What are your student's achievements during the period? Check all apply

- |   |   |
|---|---|
| <input type="checkbox"/> Got a job or better job                        | <input type="checkbox"/> Registered to vote/voted for first time                    |
| <input type="checkbox"/> Improved employability skills                  | <input type="checkbox"/> Obtained a driver's license                                |
| <input type="checkbox"/> Received GED or other secondary school diploma | <input type="checkbox"/> Increased involvement in community activities              |
| <input type="checkbox"/> Enter other education and/or training          | <input type="checkbox"/> Increased involvement in children's educational activities |
| <input type="checkbox"/> Improved score on standardized test            | <input type="checkbox"/> Attained consumer skills,                                  |
| <input type="checkbox"/> Advanced level(s) in curriculum series         | <input type="checkbox"/> Attained wellness and healthy lifestyles                   |
| <input type="checkbox"/> Obtained citizenship                           | <input type="checkbox"/> Other, please specify below                                |

## Literacy Volunteers of Randolph County

Tutor's Name:

Student's Initials:

What is the Instruction Method? (One-to-One, Small group, Large group, Computer base)

What is the Length of Study?

- |   |  |
|---|--|
| <input type="checkbox"/> 0-3 months               | <input type="checkbox"/> 25-48 months (2-4 years)        |
| <input type="checkbox"/> 4-6 months               | <input type="checkbox"/> 49 – 120 months (4-10 years)    |
| <input type="checkbox"/> 7-12 months              | <input type="checkbox"/> Over 120 months (over 10 years) |
| <input type="checkbox"/> 13-24 months (1-2 years) |  |

Has the student left the program (Yes / No )

If yes, what are the reason(s) for leaving?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Met goals                              | <input type="checkbox"/> Personal problems | <input type="checkbox"/> Lack of available |
| <input type="checkbox"/> Attained employment or<br>job conflict | (i.e. health, family,<br>and others)       | instructors                                |
| <input type="checkbox"/> Move out of the area                   | <input type="checkbox"/> Transportation    | <input type="checkbox"/> Lack of interest  |
| <input type="checkbox"/> Childcare problems                     | problems                                   | <input type="checkbox"/> Other             |
|   |  | <input type="checkbox"/> Not available     |

For your Basic Reading student, what is the student's entrance level?

- |  |  |
|--|--|
| <input type="checkbox"/> Beginning Reader (0-3 <sup>rd</sup> )                 | <input type="checkbox"/> Intermediate Reader (6 <sup>th</sup> -8 <sup>th</sup> ) |
| <input type="checkbox"/> Developing Reader (4 <sup>th</sup> -5 <sup>th</sup> ) | <input type="checkbox"/> Advance Reader (9 <sup>th</sup> - 12 <sup>th</sup> )    |

For your ESOL student, what is the student's entrance level?

- ESOL: able to read and to speak some English
- ESOL: able to read some English but not able to speak English
- ESOL: able to speak some English but not able to read English
- ESOL: not able to speak or read English

For your ESOL student, is the student literacy in his or her native language? (Yes, No)

**Please return this form to our office at the YMCA or e-mail us  
to [cliteracyvolunteers@elkinsymca.com](mailto:cliteracyvolunteers@elkinsymca.com). If you have any questions, please  
call us 304.636.4515 or send us an e-mail. Thank you for your support**