

Client Report

Please Print

Client: First _____ Last _____ Month & Year _____

Tutor: First _____ Last _____

Date of Session	Duration	Attendance	Location (or Reason for not Meeting)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Hours: _____

Skills Taught /Practiced this Month (write the specific skill/s on the lines)

_____ alphabet sequence _____ consonant sounds _____ blends
_____ short vowels _____ long vowels _____ vowel teams
_____ syllable types _____ syllable division rules _____ spelling rules
_____ suffixes/ prefixes _____ handwriting _____ comprehension
_____ fluency _____ vocabulary

Other concepts or skills: _____

General Observations: (use back if necessary) _____

Please use 1 sheet for each month.

Signature: _____ Date: _____