

# ESL Quarterly Progress Report

From \_\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_

<b>Tutor's Name</b>	<b>Student's Name</b>	<b>Date</b>
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**INSTRUCTIONS:** With each student, review the last three months of tutoring and complete the following progress report. If possible, select some samples of your student's work to send with this report. Return your QPR to the Literacy Services-Indy Reads office within two weeks. If you have any questions, please call Indy Reads at 275-4040.

**List some accomplishments this quarter.** (Note: Even small achievements are very significant. Examples: greeted in English, recited the alphabet, named the days of the week, got a job, ordered food at a restaurant, had a telephone conversation in English, spoke English with family or friends, etc.)

**Have your goals changed or expanded in the last three months? Have any goals been met? Explain.**

## What resources/tools/activities have you used?

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|--|--|
| <input type="checkbox"/> Real World Materials (newspapers, job related materials, menus, etc.) | <input type="checkbox"/> Teaching with Pictures  |
| <input type="checkbox"/> Ability Series  | <input type="checkbox"/> Crossroads Café         |
| <input type="checkbox"/> Writing/Journaling  | <input type="checkbox"/> Total Physical Response |
| <input type="checkbox"/> Conversational English  | <input type="checkbox"/> Dialogue/Role Playing   |
| <input type="checkbox"/> Laubach Way to English  | <input type="checkbox"/> Question Strips         |
| <input type="checkbox"/> LifePrints Series   | <input type="checkbox"/> Picture Dictionary      |
|  | <input type="checkbox"/> Computer/Computer Lab   |

## Report your Volunteer Hours for the past quarter.

**Month:** \_\_\_\_\_ Tutoring Hours \_\_\_\_\_ Prep Time \_\_\_\_\_ Travel Time \_\_\_\_\_ Other \_\_\_\_\_  
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List any external learning experiences that you and your student have done the past quarter. (*Shopped for groceries, attended an Indy Reads event, visited a museum, etc.*) How were these experiences beneficial?

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Are you and your student experiencing any barriers to learning such as transportation, scheduling conflicts, family commitments, personality, etc? Explain.

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Please list any materials that you or your student would like to borrow or purchase. Note if the materials are for you or your student, the level of materials, and any title information you have.

At which IMCPL branch would you like to pick up these materials? \_\_\_\_\_

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Share any questions, comments, or concerns you may have.

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Would you like to be contacted by a Tutor Mentor?

Yes

No

Would you like to be contacted by Literacy Services-Indy Reads?

Yes

No

Make any address, phone number or email changes.

Student's Name \_\_\_\_\_

Tutor's Name \_\_\_\_\_

New Address \_\_\_\_\_

New Address \_\_\_\_\_

\_\_\_\_\_  
New Phone Number \_\_\_\_\_

\_\_\_\_\_  
New Phone Number \_\_\_\_\_

New Email \_\_\_\_\_

New Email \_\_\_\_\_

Please return this report via IMCPL interoffice mail at any branch location or by mailing it to:

**Literacy Services – Indy Reads**  
**Indianapolis-Marion County Public Library**  
**2450 N. Meridian / Indianapolis, IN 46208**

You may also fax it to us at 317-269-5220

Or, you can email the information to: **Literacy@imcpl.org**