STUDENT SUPPORT SERVICES PROGRAM PARTICIPANT JOURNAL						
TUTOR NAME: COURSE:	PARTICIPANT: MONTH: (MM/YYYY)					
Continue tutoring	Dropped tutoring// Date					
	or, and your student have accomplished during the past month					
and how the student has progressed in t	their specific area of study.					
MM/DD/YY						
(Su)	In Out Total					
(M)	In Out Total					
(T)	In Out Total					
(W)	In Out Total					
(TH)	In Out Total					
(F)	In Out Total					
(S)	In Out Total					
Total hours for 1 <sup>st</sup> week:	Total hours of No Shows:					
(Su)	In Out Total					
	In Out Total					
	In Out Total					
(W)	In Out Total					
(TH)	In Out Total					
(F)	In Out Total					
(S)	In Out Total					
Total hours for 2nd week:	Total hours of No Shows:					
(Su)	In Out Total					
(M)	In Out Total					
(T)	In Out Total					
(W)	In Out Total					
(TH)	In Out Total					
(F)	In Out Total					
(S)	In Out Total					
Total hours for 3rd week:	Total hours of No Shows:					

(Su)		In	Out	Total
(M)		In	Out	Total
(T)		In	Out	Total
(W)		In	Out	Total
(TH)		In	Out	Total
(F)		In	Out	Total
(S)		In	Out	Total
Total hours for 4th week:	Total hours of No Shows:			
xx/xx/xx(Su)		In	Out	Total
xx/xx/xx(M)		In	Out	Total
xx/xx/xx(T)		In	Out	Total
xx/xx/xx (W)		In	Out	Total
xx/xx/xx(TH)		In	Out	Total
xx/xx/xx(F)		In	Out	Total
xx/xx/xx (S)		In	Out	Total
Total hours for 5th week:	_Total hours of No Shows:			



Monthly Tutoring Hours Total: \_\_\_\_\_

Monthly No Show Total: \_

## Please give us a brief evaluation on how your student is doing during this past month.

Academics	Excellent	Good	Fair	Poor	
Punctuality	Excellent	□ Good	Fair	Poor	
Attendance	Excellent	□ Good	Fair	Poor	
Cooperation	Excellent	Good	Fair	Poor	
Motivation	Excellent	□ Good	Fair	Poor	
Attitude	Excellent	Good	Fair	Poor	

## COMMENTS:

\*Reminder - Journal is due on at the end of the month on each student!!!