ABE Group Attendance for the month/year _____

Group Level: _____ Tutor Name: _____

Location: Coordinator Name: Kathy White Hrs per session: 2.0 hrs

Student Name	Wk1	Wk2	Wk3	Wk4	Wk5	Total Hrs

What curriculum are you using? □ Foundations □ Jump Start Lessons □ Pre-GED Connections

□ Math I □ Math II □ My own materials □ Other

Are you supplementing the curriculum? □ Yes □ No

If using a set curriculum, what lessons/skills are you covering?

_____

_____

If using other materials, what are students learning now?

Student Accomplishments: _____

What I need: _____