Please complete this form and mail or fax (231-922-4643) by the 10th of each month to the office, GTALC P.O. Box 1185 Traverse City, MI 49685-1185 or email to gtalc22@gmail.com.

(ONE sheet per student per month)

Tutor:				Student:	
Month:				Please do not put more than 1 month on a form.	
		15 minute inc = .50 45 min		min = 1.00	
Date	Tutoring Hours	Lesson Preparation	Travel Time	Meeting Place	Meeting Time
Total					
	l us about nev	w changes for	your studen	t (getting a job, losing a	a job, getting a computer,
If tutoring	g has stopped	for more than	3 weeks, pl	ease indicate date and p	planned date to resume.
Date of la					
	ned to resum	e			
	or stopping				
Other					
Notes or o	comments				

^{**}If you or your student have terminated the tutoring arrangement, please notify the GTALC office or you Tutor/Student Coordinator.