



Westland Literacy Final Update

Tutor Name: _____ Tutor Phone: _____

Tutor Email: _____

Tutor Address: _____

Learner Name: _____

Approximate Date Pair Discontinued Meeting: _____

Reason for discontinuing pair:

- | | |
|---|---|
| <input type="checkbox"/> Learner Met Goals | <input type="checkbox"/> Learner no longer able to meet regularly |
| <input type="checkbox"/> Learner Moved Away | <input type="checkbox"/> Tutor no longer able to meet regularly |
| <input type="checkbox"/> Tutor Moved Away | <input type="checkbox"/> Other _____ |

Would you like another learner? Yes No

If yes, please note learner preferences (such as level, gender etc.), when you are available and where you prefer to tutor.

Does your learner want another tutor? Yes No

Tutor Signature: _____ Date: _____

Thank you for filling this out! Your updates will help us improve our programs, seek grants, recognize achievements and help more learners.