



Changing Lives Through
1:1 Relationship

Project Light Learning Center
Quarterly Accountability Report
For Quarter: _____

1) Center Name: _____
Location: _____
Director: _____

2) Which Project Light program are you using? (e.g. Zero To Five or Tutor systems for GED? What is target population (adults/children/internationals): _____

3) Number of students tutored this quarter: _____ Number of Tutors: _____

4) Progress Reports on students
(Levels and/or units increased):

		Start	End	Reading Level Increase
1. Student	ZTF:	_____	_____	_____
		_____	_____	_____
2. Student	ZTF:	_____	_____	_____
		_____	_____	_____
3. Student	ZTF:	_____	_____	_____
		_____	_____	_____
4. Student	ZTF:	_____	_____	_____
		_____	_____	_____
5. Student	ZTF:	_____	_____	_____
		_____	_____	_____

5) Total Tutoring Hours (cumulative for all students): _____

6) Outcomes:

(Examples may include: the student increased reading/ESL scores or progressed toward or obtained a GED, improved in school, has had a personal breakthrough, etc. We not only need this for reporting to others but it interests us to hear the stories. Any pictures that you have can be sent to Project Light at service@projectlight.org. Please attach stories to the back of this document if you need more room.)

7) Comments (We are interested in your needs, what you need help with and in any feedback on the lessons, positives and negatives):

8) Name/Contact Information for Person Completing This Report:

Please email completed form to service@projectlight.org or mail to: Project Light P.O. Box 508, Norfolk, VA 23501. If you have any questions about this form, please contact Project Light at (757) 624-1764. Fax: (757) 624-1766.