



*Building 1-1 Relationships in Christ through  
Literacy, ESL, & GED software/ programs*

**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) Testimonies/Outcomes:

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

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

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

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Please email completed form to [service@projectlight.org](mailto: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.