

American Bible Society
Mission: Literacy Tutoring Program

Student Evaluation Report Form

Corps: _____ Phone No.: _____

Pre-Evaluation Date: _____ Post-Evaluation Date: _____

Student	Gender	Age	Grade	No. of Sessions	Pre-Eval Score	Post-Eval Score	Variance
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

NOTE: The number of sessions column above refers to the **actual number of lessons** each child was **actually present for**.