

Eastside Literacy ESL Leader's Monthly Report

Your Name: _____ Today's Date: _____

Month being Reported: _____ Year: _____

Are you an RSVP Volunteer? Yes No
(If not, and you are over 55, please contact the Administrative Assistant.)

Please enter any changes in your contact information:

Address: _____

Telephone: _____

Email: _____

Volunteer hours:

In-Class _____ Preparation _____

Training _____ Other _____

Class Changes (continue other side of necessary):

Student's Name	Phone Number	Date Added	Date Dropped

Please list any special needs, comments or suggestions you may have:

Send to: Eastside Literacy Volunteer Coordinator
 14812 Main Street,
 Bellevue WA 98007

THANK YOU!