

**Literacy Volunteers of Fulton County**

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Tutor:  
Tutor Phone:  
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Student:  
Month

<u>DATE</u>	<u>Preparation Time</u>	<u>Instructional Hours</u>	<u>Notes</u>

Tutor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_