

Dyslexia Tutoring Program
711 West 40th Street, Suite 310
Baltimore, MD 21211
PHONE 410-889-5487 FAX 410-889-5363
Client Report Form

Client _____ **Month/Year** _____

Tutor _____

Attendance

Date of Session

Duration

Location

Total Hours _____

Skills Taught / Practiced:

__ alphabet sequence

__ consonant sounds

__ blends

__ short vowels

__ long vowels

__ vowel teams

__ syllable types

__ syllable division rules

__ spelling rules

__ suffixes/ prefixes

__ handwriting

__ other concepts or skills

General Observations: (use back if necessary)



CHECK HERE IF YOU WOULD LIKE TO SCHEDULE A TUTOR OBSERVATION.

Please use 1 sheet for each month.

We need to learn some of the skills you are working on with your student. Please note, this is not a lesson plan, nor does it represent a sequence you should be following. Students vary in skills, needs and speed of learning. The beauty of individual tutoring is the ability to tailor the lesson to the student.

Signature: _____ **Date:** _____