

A.B.L.E. Volunteer Tutor Check-in Sheet

Date: _____

Learner's Name: _____

Tutor's Name: _____

What is the learner working towards?

What are we doing to work toward this? Has the learner or tutor noticed progress toward this?

Are you, the learner, using the skills you've been practicing in your daily life? Yes No

How are you using them?

Do you, the learner, feel more confident when using these skills? Yes No

Is what you're learning useful?

Are you learning what you need for your life and your needs? Yes No

Do you feel comfortable where you learn? Do you feel safe and supported? Yes No

Anything else you'd like to say about your learning or tutoring?
