

**Kingsborough Community College
Reading and Writing Center L219 / 718-368-5405**

PLEASE PRINT NAME ON ATTENDANCE REPORT

1.	11.	21.
2.	12.	22.
3.	13.	23.
4.	14.	24.
5.	15.	25.
6.	16.	26.
7.	17.	27.
8.	18.	28.
9.	19.	29.
10.	20.	30.

**Lateness: Please place appropriate symbols next to student's name:
 \ - 10 minutes \ \ - 20 minutes \ \ \ - 30 minutes \ \ \ \ - 45 minutes or over**

COMMENTS: _____

SESSION SUMMARY SHEET

Please indicate the appropriate class

ESL07 ESL09 ESL/ENG91 ENG92 ENG04

INTENSIVE _____ OPENING DOORS _____ ASAP _____ LINKED CONTENT COURSE _____

LINKED EACHERS _____

TUTORS _____ SECTION _____

TEACHER _____

DATE _____ TIME _____

<p>MODES OF TUTORING USED:</p> <input type="checkbox"/> Setting a context for reading <input type="checkbox"/> Individual work <input type="checkbox"/> Sharing <input type="checkbox"/> Incorporating learning from past sessions <input type="checkbox"/> Tutoring modeling of process or task Other: _____	<p>AREAS OF CONCENTRATION:</p> <input type="checkbox"/> Close reading / analysis / observation <input type="checkbox"/> Connecting readings; building on a theme <input type="checkbox"/> Developing and organizing ideas <input type="checkbox"/> Writing about reading; portfolio-style writing Other: _____	<p>LEARNING CIRCLES:</p> <input type="checkbox"/> Student preparation <input type="checkbox"/> Student participation <input type="checkbox"/> Staying on task <input type="checkbox"/> Critical Inquiry Other: _____
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DESCRIPTION OF SESSION'S ACTIVITIES

PLANS FOR THE NEXT SESSION