

Learner Name:

Tutor Name:

License _____

Date	What programs did you use today ?	What word lists, lesson numbers, or other cool stuff did you work on?	Did you do anything new, surprising, or helpful ? Did anything make you happy or drive you buggy ?	How much time did you spend in the lab today?	What would you like to do next time ?
	<input type="checkbox"/> Spell it Deluxe <input type="checkbox"/> Ultimate Phonics <input type="checkbox"/> Type to Learn <input type="checkbox"/> Read Please <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____				
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