

# Foundations in Community Disability Studies

## Bi-MONTHLY UPDATE FORM

*Tutor's Name* \_\_\_\_\_ *Agency* \_\_\_\_\_ *Phone:* \_\_\_\_\_ *Email* \_\_\_\_\_

Learner's Name		Module 1-1 Test   A&A	Module 1-2 Test   A&A	Module 1-3 Test   A&A	Module 1-4 Test   A&A	Module 1-5 Test   A&A		Module 2-6 Test   A&A	Module 2-7 Test   A&A	Module 2-8 Test   A&A	Module 2-9 Test   A&A

Learner's Name	Module 2-10 Test   A&A	Module 2-11 Test   A&A		Module 3-12 Test   A&A	Module 3-13 Test   A&A	Module 3-14 Test   A&A	Module 3-15 Test   A&A	Module 3-16 Test   A&A	Module E-17 First Aid & CPR	Module E-18 Med. Admin.	

Fax to ACDS: 403-291-9864 every second month you are actively tutoring. Please call 403-250-9495 if you have any questions  
 Use the narrow unlabeled columns, to record Learners' Start Dates, Section Status and Completion Dates as they move through the program.