|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name |  | Client Name |  | Language |  | Job Number |  |
| Starting ILR Levels  | Speaking: | Listening: | Reading : | Writing: |
| Consultant Name |  | **\*Please have student sign for any classes cancelled by the student with less than 24 hours’ notice** |
| Class Date | **Class Length\*** | **Class Start & End Time** | **Class Content** | **Student Signature** |
|  | **\_\_\_\_\_\_**hours |  |  |  |
|  | **\_\_\_\_\_\_**hours |  |  |  |  |
|  | **\_\_\_\_\_\_**hours |  |  |  |
|  | **\_\_\_\_\_\_**hours |  |  |  |  |
|  | **\_\_\_\_\_\_**hours |   |  |  |
|  | **\_\_\_\_\_\_**hours |  |  |  |  |
|  | **\_\_\_\_\_\_**hours |  |  |  |
|  | **\_\_\_\_\_\_**hours |  |  |  |  |
|  | **\_\_\_\_\_\_**hours |  |  |  |
|  | **\_\_\_\_\_\_**hours |  |  |  |  |
|  | **\_\_\_\_\_\_**hours |  |  |  |
|  | \_\_\_\_\_\_hours |  |  |  |  |
|  | \_\_\_\_\_\_hours |  |  |  |  |

**\*Please round class length to the nearest 15 minute increment.**

**\*\*Submit with monthly invoices by the first business day of the month to Jillian Mallon at jmallon@globalarena.com and** **submissions@globalarena.com****.**