

MEIJER CENTER FOR WRITING

SESSION REPORT FOR GROUP CONSULTATIONS

Name of Student(s):

1. _____
2. _____
3. _____
4. _____

G Number(s):

1. _____
2. _____
3. _____
4. _____

Name of Writing Consultant: _____

Date: _____ Time In: _____ Time Out: _____

Location at which session took place (circle ONE):

ALLENDALE – LOH

ALLENDALE – MARY IDEMA PEW KM

EBERHARD CENTER

DEVOS – STEELCASE KM

CHS

GOOGLE DOCS

KLEINER

OTHER

Course Name, Number & Section: _____

Instructor's Name _____

Do you want to send a copy of these notes to your professor? ___Yes ___No

Do you want to send a copy of these notes to yourself? ___Yes ___No

Alternative emails (i.e. non GVSU email, coach, parent) – Match the number with yours from above:

1. _____
2. _____
3. _____
4. _____

(Filled out by Writing Consultant)

What did you (the whole group) work on during the session? Be specific.

What are the student(s)' plans for revision? What are the consultant's recommendations for continuing to work on the paper beyond the session?