

Appendix D – TUTOR ASSISTANCE FORM

STUDENT INFORMATION

Student name: _____

Address: _____

Main #: _____ Cell: _____

Mother's name/Female Guardian: _____

Place of employment: _____

Work Days (please circle all that apply): MON TUE WED THUR FRI SAT SUN

Father's name: _____

Place of employment: _____

Work Days (please circle all that apply): MON TUE WED THUR FRI SAT SUN

Siblings living in the household? (Please circle) YES NO If YES, How many? _____

School Information

Name of School: _____

Teacher: _____

Subject: _____ Grade: _____

Has the student received tutoring before? (Please circle) YES NO

If yes please

explain:

The following will need to be filled out by the student's teacher

Is the student in need of tutoring? (Please circle) YES NO

Is there a school tutor group available? (Please circle) YES NO

Please provide a recommendation for the student. Please include which areas of study the student may need to improve and how he/she will benefit from tutoring: _____

