**Tutoring Application Form**

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| **STUDENT INFORMATION****LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER: MALE\_\_\_\_\_\_ FEMALE\_\_\_\_\_\_\_****PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PARENT/GUARDIAN EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **SCHOOL INFORMATION****NAME OF SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****CURRENT GRADE LEVEL: \_\_\_\_\_\_\_\_\_\_\_\_\_****INDIVIDUALIZED EDUCATION PLAN (IEP): YES\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_****IF, YES PLEASE PROVIDE A COPY** |

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| **TUTORING****PLEASE CHECK ALL THAT APPLY****MATH\_\_\_\_\_\_\_\_\_****READING\_\_\_\_\_\_\_\_\_\_****MATH & READING\_\_\_\_\_\_\_\_\_\_** |

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| **PARENT QUESTIONNIARE**1. **WHAT ARE SOME THINGS YOUR CHILD ENJOYS DOING OR IS VERY GOOD AT?**
2. **WHAT ARE YOUR CHILD’S GREATEST STRENGTHS IN SCHOOL?**
3. **DESCRIBE SOME AREAS WHERE YOUR CHILD STRUGGLES IN SCHOOL?**
4. **WHAT ARE YOUR GREATEST CONCERNS FOR YOUR CHILD?**
5. **IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE ABOUT YOUR CHILD?**
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