**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?** |