



STUDENT INFORMATION SHEET

Name of student: _____ Date: _____

School student attends: _____ Grade: _____

Subject(s) for Tutoring:

- | | | |
|--|--|--|
| <input type="checkbox"/> Math | <input type="checkbox"/> Language Arts | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Organizational Skills | | <input type="checkbox"/> Science _____ |
| <input type="checkbox"/> PSAT | <input type="checkbox"/> SAT/ACT | <input type="checkbox"/> Test Prep _____ |
| <input type="checkbox"/> Correspondence Course | | <input type="checkbox"/> Other _____ |

Reason for Tutoring:

- | | | |
|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Homework | <input type="checkbox"/> Enrichment | <input type="checkbox"/> Remediation |
|-----------------------------------|-------------------------------------|--------------------------------------|

Goals for Tutoring:

Consideration with respect to LRC/IEP/504:

Other Comments/Concerns:
