

Tutoring Reference Form

Student's Name: _____ Subject: _____

Teacher's Name: _____

Period 1 Teacher/Room # _____

Student's Flex: DAY PERIOD ROOM #

1

2

Are you available before or after school? _____ yes _____ no

(The following section is to be completed by the subject area teacher.)

Please list specific areas for improvement that the tutor should help your student with:

Recommended frequency of tutoring _____ times a week or _____ as needed.

NOTE: Tutoring can last as little as a week or two, or it can continue for an entire semester. Please remember that a tutor cannot help a student if they are not provided with areas for needed improvement.

Teachers: Please return this form to the Drop-In Center Mailbox.