

Name \_\_\_\_\_ Date \_\_\_\_\_

Student ID \_\_\_\_\_ Student Phone \_\_\_\_\_

Student Email \_\_\_\_\_ Program \_\_\_\_\_

When did you start this program?     Fall             Winter             Spring             Summer            Year \_\_\_\_\_

In programs with multiple instructors, with which instructor do you spend the most time? \_\_\_\_\_

Why do you need a tutor? (Check all that apply)

*I have difficulty with:*

- |  |  |
|--|--|
| <input type="checkbox"/> understanding the textbook(s).  | <input type="checkbox"/> taking lecture notes.                       |
| <input type="checkbox"/> preparing for tests.  | <input type="checkbox"/> understanding the instructor(s).            |
| <input type="checkbox"/> understanding the subject matter.   | <input type="checkbox"/> memorizing the material.                    |
| <input type="checkbox"/> using math concepts.  | <input type="checkbox"/> using the computer.                         |
| <input type="checkbox"/> writing assignments.  | <input type="checkbox"/> doing research for a paper or presentation. |
| <input type="checkbox"/> using a particular software program.  |  |
| <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Outlook <input type="checkbox"/> Other _____ |  |
| <input type="checkbox"/> other.  |  |

Please mark when you are available for tutoring on the calendar below.

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before School</b>					
<b>Lunch</b>					
<b>After School</b>					

I give permission to release my COMPASS or ASSET test scores to the Director of the Student Success Center. ....  Yes     No

I give permission to the Director of the Student Success Center to access my transcript in order to monitor my academic progress. ....  Yes     No

I will be prepared for my tutoring sessions. ....  Yes     No

I give permission for my tutor and instructor to consult with each other to better meet my needs. ....  Yes     No

I will notify my tutor or the Director of the Student Success Center at 425.235.2352 x 5514 if I cannot make my appointment. ....  Yes     No

I understand that if I miss TWO scheduled appointments without prior notice, I will lose my tutoring resource. ....  Yes     No

I will provide an evaluation of the tutorial program and my tutor's performance at the end of the quarter. ....  Yes     No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructor Use**

*This student has requested tutoring for your program.*

Do you agree that the student needs assistance in the areas marked above? .....  Yes     No

Are there additional areas or suggestions you would recommend? .....  Yes \_\_\_\_\_

Is there a student you would recommend for work as a tutor for this student? .....  Yes     No

Student 1: \_\_\_\_\_

Student 2: \_\_\_\_\_

Instructor signature \_\_\_\_\_