



Tutoring Screening Form

Student's Name: _____

Gender: M or F _____ Age: _____ Grade: _____

Student's Address: _____

Form filled out by: _____

Relationship with student: _____

Do you live with the student? Yes or No

If student is under 18 years of age, name of the adult and nature of the relationship of adult who is living with student?

Phone numbers of adult living with student: Home
Work
Cell

Payment may be made by check for four tutoring sessions in advance or with a credit card on file.

School:

School Address:

School Phone:

Standardized Testing History: (FCATS, IQ testing, SAT's, etc.)

Summary of Study Skills:

Current academic performance –list academic subjects and check description that indicates student’s performance for each subject:

Academic subject	Below average	Slightly below average	Average for grade	Above average	Significantly above average
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					

How much time does student spend on homework each night/week?

Has student repeated any grades?

Are there any behavioral issues? Yes or No If yes, please explain.

What concerns you most about this student?

List some of student’s strengths:

Any additional comments regarding student’s work, behavior, abilities.