Tutoring Intake Form for Parents

Please fill out as completely as possible; no information is irrelevant. Thanks!

Student Name:_____ School Year:_____

Birthdate:

School/Grade Level:

Teacher's name/Class Schedule:

Student's Academic Strengths:

Academic Challenges:

Attitude Toward School:

Student's Special Talents/Interests:

Successful Strategies:

Work Habits:

Fears/Insecurities:

Student's past experience with tutoring:

Your goal/s for tutoring:

Ideal Schedule: