

Notre Dame Regional High School Tutoring Request

Name: _____ Phone: _____ Date: _____

Email: _____ (Only if you check it.)

Have you received tutoring in the past? YES -- When/for what? _____
NO

Class level: FRESHMAN SOPHOMORE JUNIOR SENIOR

Class Information:

In what class(es) are you requesting tutoring? _____
Reason for tutoring (i.e., what problem(s) are you having in this class?): _____

The information provided below will assist in developing an appropriate plan for helping you in this class. Please answer all of the following questions.

1. Is this your first time taking this class? YES NO
2. Are you having difficulty taking notes? YES NO
3. Have you approached your teacher for assistance? YES NO
4. Are you completing all assignments for this class? YES NO
5. Are you turning all assignments in on time? YES NO
6. Do you enjoy this class? YES NO
7. Do you know how to study for class? YES NO
8. How many hours do you spend studying for this class? _____
9. Current grade in the class? _____
10. I am available for tutoring: BEFORE SCHOOL AFTER SCHOOL LUNCH
11. My schedule is:

| Name of Class | Hour |
|---------------|----------------------|
| | 1 st Hour |
| | 2 nd Hour |
| | 3 rd Hour |
| | 4 th Hour |
| | 5 th Hour |
| | 6 th Hour |
| | 7 th Hour |
| | 8 th Hour |