REQUEST FOR TUTORING

Name: _____ Date: _____
SS# :_____ Phone: _____
Major: _____ Term: _____

1. Name and number of course you need tutoring in:_____
   Instructor's name: _____
2. Are you repeating this course? ___ Yes ___ No
3. Is this course required for your major? ___ Yes ___ No
4. What grade do you expect to make without tutoring? _____
5. What is your current GPA? _____
6. Please indicate if you have problems in any of the following areas:
   - ___ trouble with content
   - ___ trouble with understanding text
   - ___ trouble taking notes
   - ___ trouble taking tests
   - ___ trouble understanding the instructor
   - ___ trouble managing time
   - ___ poor study skills/habits

7. Do you think you will need long-term (all semester) or short-term help (1-3 weeks)?
   _____

8. Please indicate which of the following take up your time:
   - ___ family/children
   - ___ job
   - ___ sports/hobbies
   - ___ friends
   - ___ clubs/groups/organizations
   - ___ medical concerns
   - ___ other _____
   - ___ other _____

9. Are there any problems that may be interfering in your academic performance?
   (example: money problems, relationship problems, health problems, family problems, etc.)
_____

10. Do you need assistance with any of the following study skills:
    - ___ Note-taking Skills
    - ___ Study Strategies
    - ___ Test Anxiety
    - ___ Test-Taking Skills
    - ___ Reading Skills
    - ___ Time Management

Days and Times available for tutoring _____
_____

Instructor:_____
Course: _____

Please complete the following section and return to _____

Is tutoring recommended for this student? ☐ Yes ☐ No

Suggested Tutor _____
(If unable to suggest a tutor, SOAR will assign an available tutor)

Please comment on this student's:

Attendance _____

Participation _____

Assignments/quizzes _____

Grade or progress to date _____

Specific Recommendations for student being tutored:
_____
_____
_____

Counselor Notes:
_____
_____
_____
_____
_____
_____