



Student Intake Form

Today's Date: _____

CONTACT INFORMATION

Student's Name: _____

Home Phone: _____

Parent's Name: _____

Work Phone: _____

Street Address: _____

Cell Phone: _____

City, State, Zip: _____

Email: _____

SCHOOL INFORMATION

Current Grade: _____

Age: _____

School: _____

LEARNING ASSESSMENT

In what subject(s) is help needed? _____

Why do YOU think your child is struggling? _____

What are your expectations for tutoring? _____

Passed TAKS? Yes No

Study skills help? Yes No

S.A.T. help? Yes No

Okay to contact teacher? Yes No

If so, teacher's name? _____

LEARNING STYLE

What is the student's best learning style?

Auditory

Visual

Tactile/Kinesthetic

Not Sure

Learning disability or challenge? _____

Medication? _____

Modifications used? _____

Student personality type/interests? _____

TUTORING PREFERENCES

Tutor gender: Male

Female

No preference

Tutor type: Honors-Level H.S. Student

College Student

Degreed Adult

Certified Teacher

No Preference

Preferred price range (\$28 - \$55 per hour)? \$ _____

Or

No Preference

Important qualities of the tutor: _____

Preferred location of tutoring:

Your Home

Tutor's Home

Neutral Place

No Preference

Scheduling preferences:

Good days/times? _____

Number of hours per week? _____

Available to begin? _____

Anything else that will help us make a good match? _____

How did you hear about us? _____