

AFTER SCHOOL PEER TUTORING REFERRAL

Student name: _____ ID#: _____ Grade: _____

Name of person making referral: _____

Subjects student/parent are asking for help in: _____

Teacher/staff notes regarding student: _____

Name of student's Counselor: _____

Date of request: _____

Please return referral to student's Counselor.

To be completed by Counselor after Counselor meets with student.

Please circle one

Sessions Available:

Tuesday: 3:00 – 4:00 PM or 4:00 – 5:00 PM

Wednesday: 3:00 – 4:00 PM or 4:00 – 5:00 PM

Thursday: 3:00 – 4:00 PM or 4:00 – 5:00 PM

Counselor notes: _____

I understand that tutors are limited and I may be placed on a wait list. Once I am assigned to a tutor I will commit to attending 1 hour of tutoring per week. Missing more than one tutoring session without prior notification will result in the loss of tutoring services.

Student signature: _____ Date: _____