

Learner Background information

What do you want to improve? Reading: _____
Writing: _____
Math: _____
Other: _____

Do you know other languages? Speak: _____
Read: _____
Write: _____

List your interests/hobbies: _____

Employment Status: (Circle all that apply)	Retired	Full-time	Part-time	Unemployed
	Homemaker	F/T Student	Disabled	Self-employed

Your type of employment and the location? _____

How much education have you had?	Highest grade completed? _____
	High School Diploma? ___ Yes ___ No

Tell us about your educational experiences. _____

Have you ever received tutoring? ___ Yes ___ No Tell us about your experiences:

Why did you decide to receive tutoring? _____

Do you have any conditions that might affect your tutoring?
Vision? _____ Hearing? _____
Medication? _____ Other? _____

Do you have any of the following concerns?

Child Care? _____ Explain: _____

Transportation? _____ Explain: _____

Other? _____ Explain: _____

When would you be available for tutoring?

(Please fill in AM and PM hours when you will be available)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Comments: _____

Tutor Assignment:

1. Tutor's Name _____ Phone: _____

Days & Times: _____ Location: _____

Comment _____

2. Tutor's Name _____ Phone: _____

Days & Times: _____ Location: _____

Comment _____

Tutor Assignment (Continued):

3. Tutor's Name _____ Phone: _____

Days & Times: _____ Location: _____

Comment _____

4. Tutor's Name _____ Phone: _____

Days & Times: _____ Location: _____

Comment _____

5. Tutor's Name _____ Phone: _____

Days & Times: _____ Location: _____

Comment _____

6. Tutor's Name _____ Phone: _____

Days & Times: _____ Location: _____

Comment _____
