Skills for Success Program

Supplemental Instruction/Tutoring Referral Form

Referred By_________________ Title____________ Date: __________

STUDENT INFORMATION

Student Name: ___________________ Student#: __________

Program Level: _________________

Phone#: ___________________ Email: ___________________

Semester: (Please check one)

Fall___ Spring ___Summer ___

Reason for Referral:
____________________________________________________________________________________
____________________________________________________________________________________

Specify Course: Reading/Writing: _____ Math: _____ Study Skills: _______ OTHER: _____________

_______________________________________ Date: ___________________

Skills for Success Supplemental Instruction/Tutoring Student Agreement

I understand that tutoring is not a replacement for class and attending class is required to receive tutoring services. I also understand that the tutor will NOT give any student answers to tests or exams. Tutors are assigned to assist students in Mathematics, English, Reading/Writing, or any other identified academic subject.

I will make every effort to arrive on time to my tutor session appointment. I will notify the tutor or my instructor as soon as possible, if I am unable to attend the session. If I fail to notify the tutor or the instructor, my absence will be considered a “no show”. I also understand that two no-shows will disqualify me from tutoring services for the remainder of the semester.

Tutoring sessions maximum are limited to thirty minutes per session per week maximum. The Coordinator of Supplemental Instruction/Tutoring has the right to increase or decrease session times as to allow for changes or needs of the student.

Tutors will treat all students with respect and dignity and do their best to put students at ease to make the session productive. All student information is confidential.

By signing this agreement you give permission to discuss your progress with an instructor and/or counselor as well as the SI/Tutor Coordinator.

Student Signature: ________________________________ Date: ________________

_______________________________________ Date: ___________________

SI/Tutoring Office Only Date: __________ by: __________ Appt. Date& Time: ___________________

CS 2011 CC: Coordinator of Supplemental Instruction