

**Educational Assistance Registration
(Tutoring and Other Individualized Programs)**

Student Name: _____ Date: _____

Age or Last Grade Completed: _____ Subject Area(s): _____

School and District or Homeschool? _____

Parent/Guardian Name (if applicable): _____

Contact email: _____

Contact phone: _____ Can text? _____

Best or preferred contact method: _____

What academic or learning concerns do you have? _____

What are the goals for tutoring? _____

What is the biggest challenge right now? _____

What problems have been noticed? _____

When were problems first noticed? _____

What problems have been noticed in the past? _____

What diagnosed conditions or disabilities affect learning? _____

What undiagnosed conditions or disabilities have been suspected? _____

Does the student have or has the student had an IEP or 504 Plan at school?

If possible, please provide a copy of school testing and other documentation for me to see.

Consider past academic successes, teachers or classes the student has worked well with, and any other clues. How does this student learn best?

Visual (seeing) Auditory (hearing) Hands-on (Doing) Mixture

Please explain: _____

What is the most effective way to learn new material or to study? Why do you think so? _____

Please note favorites, passions, likes or dislikes: _____

Any other information you would like to provide? _____
