**East High School - NHS Peer Tutoring Program**

**Tutor Request Form**

**(Print Clearly)** Home Phone # **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HR: #\_\_\_\_\_\_\_ HR Teacher’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like help with: (For Foreign Language tutoring, ask your subject teacher)**

**Subject**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Content: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guidance Counselor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guidance Counselor’s Signature\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subject:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Content: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guidance Counselor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guidance Counselor’s Signature\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skills Areas**: Study Skills / Time Management Skills / Organizational Skills (Circle one or more)

Teacher’s Signature\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guidance Counselor’s Signature\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\* Signatures from your Guidance Counselor and Teachers are not required, but you are encouraged let them know of your request.***

**Provide at least 6 times during the week when you are available to meet with a tutor.**

**Circle the school days and time periods when you are available to be tutored.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School Days | Class Periods | | | | | | | |  | Before and/or After School | | |
| Day 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Monday | Before | After |
| Day 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Tuesday | Before | After |
| Day 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Wed. | Before | After |
| Day 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Thur. | Before | After |
| Day 5 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Friday | Before | After |

# Submit this Completed Form to the NHS Adviser

***Mr. Zadrozny – Room 230 before or during homeroom, or email to azadrozny@wcasd.net***

(Room 230 is in the Science Wing – 2nd Floor – Located over the Gym Entrance)

**-----------------NHS USE ONLY ------------------------Do Not Write Below This Line-----------------------NHS USE ONLY---------------------**

Date Received: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_

Tutor Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HR#: \_\_\_\_\_\_\_\_\_\_ HR Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NHS Officer Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Assignment Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#1 Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tutor Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HR#: \_\_\_\_\_\_\_\_\_\_ HR Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NHS Officer Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Assignment Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2 Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Revised 9/2017