

# American Indian Education Program

## Tutoring Request Form 2024-25

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's School: \_\_\_\_\_

In what specific subject area does student need tutoring in?: \_\_\_\_\_

Is your child performing at below grade level in the subject listed above?  Yes  No

Teacher's name: \_\_\_\_\_

Which Day(s) of the week is the student available for tutoring after school?

Monday

Tuesday

Wednesday

Thursday

Friday

Preference:  Virtual  In-Person

Does the student require additional accommodations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Strengths: \_\_\_\_\_

Student's Weaknesses: \_\_\_\_\_

Request submitted by: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Disclaimer:

I understand that it is my responsibility, as well as my child's, to make sure my child is on time for tutoring sessions. I am also responsible for contacting the tutor when my child will not be able to attend a scheduled tutoring session at least 2 hours in advance. **Two unexcused absences will result in the cancellation of tutoring services for the student.**

Parent/Guardian

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_