

## Student Information

**Student Name:**

**Date of Birth:**

**Home Address:**

**Student Phone:**

Ok to contact student?  Yes  No

**Allergies:**

**Medications:**

**Student has the following:**

- ADD/ADHD     Autism     Dyslexia  
 IEP or 504     Auditory Process Disorder  
 Other:

### **Parent/Guardian 1 Information**

Name:

Occupation:

Cell Phone:

E-mail:

Relationship to Student:

### **Parent/Guardian 2 Information**

Name:

Occupation:

Cell Phone:

E-mail:

Relationship to Student:

### **Schedule Preferences:**

- Weekdays     Weekends  
 Morning     Afternoon     Evening  
 Weekly     Biweekly     Monthly

### **Emergency Contact:**

Name:

Cell Phone:

Relationship to student:

### **Education Information**

School:  PES     JRE     RCMS     PHS     PCS     Shelby     Tonto Basin     Homeschool

Grade:

Teacher Name:

Phone:

E-mail:

Area (s) student needs help with– Check all that apply:

- Math     Science     Reading     Writing     Other:  
 Test taking skills     Test anxiety     Academic confidence     Other:

Outside/Extracurricular Activities or Commitments:

**Other**– Please let us know of any special circumstances that may affect student learning.

# Innovative Learning Connections

## Parent/Guardian Questionnaire

**Student Name:**

**Parent/Guardian Name:**

What are your student's greatest strengths in school?

What are your student's areas of struggle in school?

What are your student's hobbies, interests, talents?

What are your greatest concerns about your student's learning which you believe could benefit from tutoring services, including specific subjects/areas for which you are seeking assistance.

Describe any concerns you have about your student's grades, academic performance on state standards, testing.

Does your student have any issues with self-confidence, self-esteem, focus, interest in school, negativity, bullying, etc? If yes, please describe.

What else can you share about your student that would help us be successful during tutoring? .