



the maple
counseling center

REQUEST FOR TUTORING

Student's Name: _____ Date: _____

Mother's Name: _____ Father's Name: _____

Day Phone: _____ Evening Phone: _____ Referred by: _____

Address: _____

Grade: _____ Teacher(s): _____

Please take this form to the teacher or parent to use this space to indicate specific areas in which tutoring is needed. (Use back of the form if necessary).

May we contact the teacher(s)? Yes _____ No _____

Approximately when did the educational problems begin? _____

Student new to the school district this year? _____

In the past, or currently, has other help been obtained? Any previous tutoring, special classes, ESL, special education, etc? (Use back of form if necessary.) _____

Hobbies or special interest? _____

Is the student able to come on his/her assigned day from 3:30 to 4:30 PM on a regular basis? _____

Student's signature: _____

Teacher's signature: _____

I understand there is a \$50 fee per month for this service and that I will be billed on a monthly basis prior to services. Credit will only be given for days when TMCC does not provide tutoring services or school is closed. Payment is due five (5) days after billing is received. A limited number of scholarships are available. It is important that your child shows up for his or her first session. An unexcused no-show can cause the student to lose his or her place in the program. If there are two consecutive, unexcused absences or an outstanding bill older than 30 days, the center will terminate your child from the program. Since there is a waiting list, we feel it is important that assigned children attend their scheduled appointments. Your signature below indicates that you have read, understand and accept this information.

Parent's signature: _____

STAFF USE ONLY

Tutor assigned: _____ Phone: _____

Date: _____