AIR Program/Tutorial Programs
TUTORIAL SESSION FORM

Description: Tutorial Session forms will be used for all tutorial session in accordance with our tutorial session policy. Each tutor is required to fill out each form prior to the student's departure and conduct a short exit summary with the parents on what was covered during the session. Parent's signature is required at the end of the session.

STUDENT INFORMATION

DATE OF SERVICES:_____ TUTOR NAME: _____

TIME IN: _____ TIME OUT: _____ LOCATION: _____

PARTNERED AGENCY (PROGRAMS): _____

STUDENT NAME:_____

Address: _____City: _____ Zip Code: _____

Grade:____ Age:____ Birthday: _____Sex:_____ School Attending: _____

PARENT/LEGAL GUARDIAN: _____

Contact Phone (also to be used for emergencies): _____Email Address: _____

TUTORIAL SESSION

Academic Service Serviced: ☐ Math ☐ English/Reading Other: _____

Accommodations made (if any): _____

What was covered within the Tutorial Session? _____

_____

_____

_____

Was there a completion of any specified project(s) or homework (problems)? _____

Further Meetings required? ☐ Yes ☐ No If yes, what dates was schedule: _____

Are there any upcoming Tests/Projects relating to Tutorial Assistance ☐ Yes ☐ No If yes, what date and topic: _____

Notes (Or any other comments):_____

_____

_____

PARENT AUTHORIZATION

Tutorial information is private and the AIR Program will not share this information with any outside agency other than (if any) referring partnered agency. By signing this form you are: (1) acknowledging that you understand our privacy agreement and authorize our program to share this information with our partnered agency (programs/if any) only, any other arrangements for this information must be made with AIR, parent(s)/guardian and/or Partnered Agency, and (2) allowing the AIR Program tutors to give academic services to this student on the date given on this form, and (3) acknowledging that all information given by the parent(s)/legal guardian is accurate, and (4) acknowledging that each session will require a new form to keep accurate accounting of each individual meeting.

Please Print Name: _____

Parent/Legal Guardian: _____ Date: _____