



PARENT/STUDENT INFORMATION FORM

Student Name _____ Student Age _____

Parent Name _____ Student Grade _____

School _____ City _____ ST _____

Situation from Parent or Student Perspective

Does the Student have any Special Considerations or Needs? _____ If so, please describe _____

Do you want the tutor or our Education Director to contact the teacher, counselor etc at school to discuss? ___
If Yes, explain that we will need a signed release which will be emailed with contact information
Person to be contacted and contact info _____

Text Books Student is Presently Using _____
Author _____ Edition _____ Publisher _____

How Computer Savvy is Student? (1-5 where 5 best) _____ Have Skype? _____
Have a Webcam? _____ Headset _____ Scanner? _____ Fax _____
If Not, Can they purchase or have other access? _____

Does parent wish to confer with tutor during the first/last 10 minutes of session ___ First ___ Last ___ Always ___
Where will the tutoring take place? Home _____ Where _____ Other _____
(We suggest a quiet place with no distractions)

How Often To Be Tutored _____
Good Times for Tutoring _____

Any tutoring preferences M F Age Doesn't matter _____

Home Phone _____ Parent Mobile _____ Student _____

Emails -Parent _____ Student _____
(Required for regular email progress reports)

Address _____

www.americantutorsonline.com

This form may be emailed or faxed to: www.info@americantutorsonline.com to facilitate the tutoring process.

**1-866-96 TUTOR (1-866-968-8867)
Fax 239-254-8267**