|  |  |
| --- | --- |
| Student First Name:  | Date Tutor Assigned: Click or tap to enter a date. |
| Student Last Name:  | **Anticipated Start Date:** Click or tap to enter a date. |
| Student ID #:  | Actual Start Date: Click or tap to enter a date. |
| School: Choose an item. | **Anticipated End Date:** Click or tap to enter a date. |
| School Counselor / Designee:  | Actual End Date: Click or tap to enter a date. |
| School Counselor / Designee Phone:  | **Reason for Tutoring:**  Choose an item.       |
| Tutor Assigned:       |
| Tutor Phone:  |
| Hours per Week: Choose an item. |

WINDHAM PUBLIC SCHOOLS

Tutor Request Form

In Order To Submit – A Tutor Must Be Identified By The School

**Date Stamped**

**By Pupil Services**

Parent / Guardian Information

|  |  |
| --- | --- |
| Parent/Guardian First Name:  | Parent/Guardian Address:  |
| Parent/Guardian Last Name:  | Parent/Guardian City:  |
| Parent/Guardian Home Phone:       | Parent/Guardian State:       |
| Parent/Guardian Cell Phone:  | Parent/Guardian Zip Code:  |
| The parent data was verified accurate by  on Click or tap to enter a date. |

Student / Program Information

|  |  |  |
| --- | --- | --- |
| Grade: | Choose an item. | Subject Areas for Tutoring: |
| Special Education Student504 Student: | **[ ]** Yes **[ ]** No**[ ]** Yes  **[ ]** No |
| Special Education / 504 Case Manager: |  |
| PPT Scheduled To Revise Students’ IEP: | **[ ]** Yes **[ ]** No Date: Click or tap to enter a date. | Student Requires Instruction in Spanish: | **[ ]** Yes **[ ]** No  |
| Locations for Tutoring:*Students may only be tutored at home for medical reasons*. | [ ]  Library [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | OFFICE USE ONLY: Letter Mailed:Data Entered:E-school Entered: | [ ]  Yes Date: [ ]  Yes Date: [ ]  Yes Date:  |

Approved by the Director of School Counseling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by the Director of Pupil Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_