



New Student Questionnaire

Student Name: _____ Grade: _____ School: _____

Subject(s) needing tutoring: _____

Student Cell: _____ Parent Name: _____

Address: _____

Parent Cell: _____ Parent Email: _____

Student DOB: _____

Current Grade Point Average: _____

Current and Past ACT Scores: _____ (If applicable)

REQUESTED START DATE: _____

1. Please let me know your child's strengths and weaknesses in school subject areas:

Strengths: _____

Weaknesses: _____

2. Does your child have any siblings at home? If so, please list their name(s) and ages here:

3. How do you feel that your child learns best? (please circle one)

Hearing

Writing

Verbal

Other (please write): _____

4. What are your child's other activities? (Sports, music, church, volunteer, etc)

5. What are your child's personality traits? (Please circle)

Extrovert

or

Introvert

Easily Distracted

or

Usually Attentive

Shy & Quiet

or

Over-confident

Self-Motivated

or

Needs Reminders

6. Does your child have any special needs that he/she gets accommodations for in school or in testing?

7. What are your grade expectations for your child after tutoring or test prep?

8. What will you or your child view as success? (What are your expected outcomes for the services offered?)

We will be in touch to schedule tutoring for your child and make a match with a tutor. Please let us know if you have any days that are unavailable.