Summer Acceleration Program Questionnaire

Student Name: _____Grade: _ School: ____
Subject(s) needing tutoring: _____
Student Cell: _____Parent Name:_____
Address: _____
Parent Cell: _____Parent Email: _____
Student DOB: _____
Select Session (June/ July/ Both): _____

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. Please let us know if you have any days that are unavailable.