

Tutoring Application

Date of Interview at LSB _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Age ___ Sex ___ Grade ___ DOB ___/___/___ School _____

Name Child prefers to be called _____

Parents _____

Home Phone (____) _____ - _____ E-mail _____

Mother's: Work Phone (____) _____ - _____ Cell (____) _____ - _____

Father's: Work Phone (____) _____ - _____ Cell (____) _____ - _____

Person responsible for fees (if different from above)

Name _____ Phone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Has your child been identified as having ADD or ADHD? _____

Is your child currently on any medications? If so, please list.

What would you like tutoring to focus on?

Is there anything a tutor should know about your child to help us design a successful tutoring session?

Has your child had a psycho-educational evaluation in the last 3 years? _____
If so, PLEASE PROVIDE US WITH A COPY WITH THIS APPLICATION.