

## Tutoring Application

Date of Interview at LSW \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_ DOB. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name Child prefers to be called \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Parents \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_

Mother's Work Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mother's Cell Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Work Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Father's Cell Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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? Yes \_\_\_\_ No \_\_\_\_**  
**If so, PLEASE PROVIDE US WITH A COPY WITH THIS APPLICATION.**

How would you like your child identified for data analysis purposes?

\_\_\_\_ African \_\_\_\_ African-American \_\_\_\_ Asian \_\_\_\_ Asian-American \_\_\_\_ Native American

\_\_\_\_ Caucasian \_\_\_\_ Hispanic/Latino \_\_\_\_ Middle Eastern/SW Asian \_\_\_\_ Multi-Racial \_\_\_\_ Other

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