

After-School Tutoring Parent Input

Student's Name _____ Grade _____

Student's Teacher _____ Parent Name _____

1. What goals do you have for your student's participation in the After-School Tutoring Program?
2. What are your student's strengths?
3. Please describe your student's personality, things he/she likes to do, interests.
4. What are your student's frustrations?

After-School Tutoring Teacher Input

Student's Name _____ Grade _____
Teacher _____

1. What goals do you have for this student's participation in the After-School Tutoring Program?
2. What are this student's strengths? Weaknesses?
3. What frustrates this student in the classroom?
4. Do you have any advice for the tutor that would help him/her be more effective?

Thank you for your input!!

Susan Aitken
NHS Sponsor
After-School Tutoring Program