

PVHS PEER TUTORING REFERRAL

Student name: _____ ID#: _____ Grade: _____

Name of person making referral: _____

Subjects student is asking for help in: _____

Current grade in class for subject(s) needing tutoring: _____

Teacher/staff notes regarding student: _____

Name of student's Counselor: _____

Date of request: _____

Please return referral to student's Counselor.

To be completed by Counselor after Counselor meets with student.

Please check one.

AM Sessions Available from 7:15 – 8:15 AM

Monday Tuesday Wednesday Thursday Friday

7th Period Sessions Available from 2:05 – 2:55 PM

Tuesday Wednesday Thursday

PM Sessions Available from 3:00 – 4:00 PM

Tuesday Wednesday Thursday

Counselor notes: _____

I understand that tutors are limited and I may be placed on a wait list. Once I am assigned to a tutor I will commit to attending 1 hour of tutoring per week. Missing more than three tutoring session in a single semester will result in the loss of tutoring services.

Student signature: _____ Date: _____