

Priceless Education

STUDENT TUTORING INQUIRY

STUDENT NAME:

GRADE LEVEL:

BIRTHDATE:

PHONE NUMBER:

EMAIL ADDRESS:

STUDENT'S ACADEMIC STRENGTHS:

ACADEMIC CHALLENGES:

ATTITUDE TOWARD SCHOOL:

STUDENT'S SPECIAL TALENTS/INTERESTS:

SUCCESSFUL STRATEGIES:

WORK HABITS:

FEARS/INSECURITIES:

STUDENT'S PAST EXPERIENCE WITH TUTORING:

YOUR GOAL(S) FOR TUTORING:

IDEAL SCHEDULE:

THANK YOU!
