

Peer Tutor Volunteer Form *(for the Tutee)*

Name: _____

Grade: _____

Email: _____

Cell phone*: _____

Subject Area(s) Needing Help (including grade level):

(*Setmore appointment reminders will be sent to your email or your cell phone. Edsby will be used for message communication.)

Subject Teacher(s) : _____

Spoken/Written Language of Peer Tutor:

(1st choice) _____

*Please note that every effort will be made to find a tutor fluent in English or French, as appropriate (other languages preferences will depend on peer tutor availability).

(2nd choice) _____

Availability

I am available to peer tutor at the following times (check all that apply):

- | | | |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Before school | <input type="checkbox"/> Period 3 | <input type="checkbox"/> Period 5 |
| <input type="checkbox"/> Period 1 | <input type="checkbox"/> Lunch hour | <input type="checkbox"/> After school |
| <input type="checkbox"/> Period 2 | <input type="checkbox"/> Period 4 | |

Please take a moment to thoughtfully answer the following questions:

Who recommended you join the peer tutoring program? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Self-initiated | <input type="checkbox"/> Parent/guardian |
| <input type="checkbox"/> Subject teacher | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Student Services (guidance/ resource) |
| | <input type="checkbox"/> Other _____ |

Check your reason(s) for joining the peer tutoring program. (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Test preparation | <input type="checkbox"/> Daily homework help |
| <input type="checkbox"/> Unit review (reviewing a previously completed unit in class) | <input type="checkbox"/> Getting caught up from missing class(es) (ie. medical leave, family trips, school sanctions) |
| <input type="checkbox"/> Proof reading | |
| <input type="checkbox"/> Reading assistance | |

This section to be filled out by the Supervising Teacher (Ms. Turnbull)

Tutor Name: _____ 1st Meeting Time: _____

Regular Meeting Time:

Day of the Week: MON TUES WED THURS FRI

Time of Day: _____ Frequency: _____

Date Received: _____

Added to: Edsby Tutee Group Setmore.com

****Please fill out the back side of the form***

Peer Tutor Information *(for the Tutee)*

Explain, as best as you can, what makes learning in this subject area difficult for you?

List your goal(s) or purpose for receiving peer tutoring help. (What do you hope to accomplish?)

How do you see your role in helping yourself improve in this subject area?

Peer Tutor Contract *(for the Tutee)*

I am aware that by requesting a peer tutor, I am making a commitment to the times/dates agreed upon. I will be reliable and keep my tutoring appointments. If I am unable to make an appointment, I will contact the tutor in advance to reschedule or cancel. I will not cancel an appointment without a valid reason (i.e. "I am going home ill" is a valid example, "Because I just don't feel like it" is not valid). I will also notify the Supervising Teacher immediately. By checking this box, I agree.

I am aware that I am agreeing to be respectful and understand tutoring sessions are confidential. I will not inappropriately share personal information or stories about the tutor or tutoring sessions. I agree.

I am aware that I am entitled to be treated with respect. I do not have to tolerate any form of abuse from my tutor. I do not have to continue if I am made to feel uncomfortable in any way. I will notify the Supervising Teacher, my Subject Teacher, or another adult with which I feel comfortable, of any behavior that makes me feel uncomfortable during the tutoring sessions (rather than simply quitting the tutoring program). I agree.

Tutee's Full Name X _____ Date: _____