Request for Tutor

Student 1	Name: _	Date of Request:
Subject:		Teacher:
Class Time:		
To be co	mpleted	by the student.
column.	This sur	a yes or no to each of the following questions. Place a check in the appropriate vey is meant to assist you in targeting areas for improvement, and to diagnose for a tutor.
Yes	No	Question
		Do I use class time wisely to work on the assigned material?
		Do I make notes off in the margins when my teacher is explaining things orally?
		Do I attempt most homework questions on my own first, before we take them up?
		Do I make corrections or copy solutions for each homework question assigned?
		Do I attempt every question I did not originally get on my own again before the test?
		Do I start to study a minimum of 3 days in advance of each test?
		Do I make thorough study notes that include theory and practical examples. One concept per paper and 2 nd and 3 rd attempts at homework questions?
		Do I come in for extra help at least 2 days in advance of each test?
Ceacher Comments:		
eacher Si	onature:	