

## East High School - NHS Peer Tutoring Program Tutor Request Form

(Print Clearly)

Your Name: \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_ HR: # \_\_\_\_\_ HR Teacher's Name \_\_\_\_\_

**I would like help with: (For Foreign Language tutoring, ask your subject teacher)**

**Subject:** \_\_\_\_\_ **Content:** \_\_\_\_\_ **Level:** \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Guidance Counselor's Name: \_\_\_\_\_

Teacher's Signature\*\*: \_\_\_\_\_ Guidance Counselor's Signature\*\*: \_\_\_\_\_

**Subject:** \_\_\_\_\_ **Content:** \_\_\_\_\_ **Level:** \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Guidance Counselor's Name: \_\_\_\_\_

Teacher's Signature\*\*: \_\_\_\_\_ Guidance Counselor's Signature\*\*: \_\_\_\_\_

**Skills Areas:** Study Skills / Time Management Skills / Organizational Skills (Circle one or more)

Teacher's Signature\*\*: \_\_\_\_\_ Guidance Counselor's Signature\*\*: \_\_\_\_\_

**\*\* Signatures from your Guidance Counselor and Teachers are not required, but you are encouraged let them know of your request.**

**Provide at least 6 times during the week when you are available to meet with a tutor.**

**Circle the school days and time periods when you are available to be tutored.**

School Days	Class Periods							
Day 1	1	2	3	4	5	6	7	8
Day 2	1	2	3	4	5	6	7	8
Day 3	1	2	3	4	5	6	7	8
Day 4	1	2	3	4	5	6	7	8
Day 5	1	2	3	4	5	6	7	8

Before and/or After School		
Monday	Before	After
Tuesday	Before	After
Wed.	Before	After
Thur.	Before	After
Friday	Before	After

***Submit this Completed Form to the NHS Adviser***

***Mr. Zadrozny – Room 230 before or during homeroom***

(Room 230 is in the Science Wing – 2<sup>nd</sup> Floor – Down the hall from the Chemistry Classrooms)

-----NHS USE ONLY -----Do Not Write Below This Line-----NHS USE ONLY-----

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_  
 Tutor Assigned: \_\_\_\_\_ HR#: \_\_\_\_\_ HR Teacher: \_\_\_\_\_  
 NHS Officer Contact: \_\_\_\_\_ Date Assignment Issued: \_\_\_\_\_  
 #1 Subject: \_\_\_\_\_ Time Period: \_\_\_\_\_ Day: \_\_\_\_\_

Tutor Assigned: \_\_\_\_\_ HR#: \_\_\_\_\_ HR Teacher: \_\_\_\_\_  
 NHS Officer Contact: \_\_\_\_\_ Date Assignment Issued: \_\_\_\_\_  
 #2 Subject: \_\_\_\_\_ Time Period: \_\_\_\_\_ Day: \_\_\_\_\_