After-School Tutoring Needs Assessment

Student Information

Student Name

Grade Level

Parent/Guardian Name

Parent/Guardian Email

Area(s) of Academic Need

Which subject(s) does the student need support in?

☐ Math
☐ Reading
☐ Science
☐ Social Studies
☐ Other

If other, please specify:

Challenges

Briefly describe the main academic challenges the student is facing:

Preferred Tutoring Schedule

Which days is the student available for tutoring?

☐ Mon
☐ Tue
☐ Wed
☐ Thu
☐ Fri

Preferred Time(s)

Goals

What would you like the student to achieve through the tutoring program?