



## Tutoring Questionnaire

Child's Name: \_\_\_\_\_

Age/Birthday: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Parent/Guardian Phone Number(s): \_\_\_\_\_

Child's Interests: \_\_\_\_\_

Strengths: \_\_\_\_\_

Concerns: \_\_\_\_\_

\_\_\_\_\_

District/School: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Teacher: \_\_\_\_\_

Approximate Reading Level (if applicable): \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_