

Tutor: _____
Subject: _____
Date Called: _____
Msg: _____ Initial: _____

UNIVERSITY OF THE PACIFIC

*Center for Community
Involvement*
Division of Student Life

RECEIVED

Tutor Request Form

Instructions: Please read and complete all three pages front and back for EACH student to receive tutoring. You WILL NOT be matched with a tutor unless all information below is filled out COMPLETELY!

Individual Tutor Mentor Program Mission is to provide the highest quality Pacific student tutoring to those in the community seeking specific assistance.

Please Print:

Name of person to be tutored: _____ Age: _____

School: _____ Yr. in School: _____ Sex: M F

Subject (1) where tutoring is needed: _____ Current Grade: _____

Subject (2) where tutoring is needed: _____ Current Grade: _____

Hobbies/Interests/Special Needs/Requests: _____

Name of Parent or Guardian: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Email: _____ Hours of tutoring needed each week: _____

Schedule of Availability

Step 1: Please mark an **X** in boxes you are **unavailable**

Step 2: Please mark an **A** in six boxes of time that **work best** for you

Please DO NOT mark any shaded areas

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10:00a-11:00a	X	X	X	X	X	
11:00a-12:00p	X	X	X	X	X	
12:00p-1:00p	X	X	X	X	X	X
1:00p - 2:00p						X
2:00p - 3:00p						X
3:00p - 4:00p						X
4:00p - 5:00p						X
5:00p - 6:00p						X
6:00p - 7:00p					X	X
7:00p - 8:00p					X	X

*Please turn page over and complete the opposite side of this form →

How did you hear about our tutoring services?

Sign in front of building _____ Tuttee's School _____

Friend/Relative _____ Employee of Pacific/CCI _____

Other _____

Has the student received tutoring services in the past? No _____ Yes _____ When? _____

Office Use Only

Tutor: _____ Tutor: _____ Tutor: _____

Subject(s): _____ Subject(s): _____ Subject(s): _____

Ph(1): _____ Ph(1): _____ Ph(1): _____

Ph(2): _____ Ph(2): _____ Ph(2): _____

Date Matched: _____ Date Matched: _____ Date Matched: _____

Parent Notified: _____ Parent Notified: _____ Parent Notified: _____

Tutor: _____ Tutor: _____ Tutor: _____

Subject(s): _____ Subject(s): _____ Subject(s): _____

Ph(1): _____ Ph(1): _____ Ph(1): _____

Ph(2): _____ Ph(2): _____ Ph(2): _____

Date Matched: _____ Date Matched: _____ Date Matched: _____

Parent Notified: _____ Parent Notified: _____ Parent Notified: _____

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Tutoring Services Agreement

Please read and initial each section before signing the bottom. Thank You

Name of Parent/Guardian: _____ Name of Tutee: _____

1. **The Center for Community Involvement charges \$15 per hour for services provided by this program.** Initial
This fee must be paid before each tutoring session or can be paid in advance for several sessions (a record will be kept at the center). The remainder of the credit may be refunded if tutoring services are no longer needed. If the parent/guardian is unsatisfied with the tutoring, a refund may be given, through the discretion of the coordinator of the Center for Community Involvement. _____
2. **If your payment does not clear the bank, the issuer of the payment will be contacted and charged our 25\$ bank charge.** If a payment from the same issuer **does NOT clear** two or more times, **the fee becomes \$50.** You will be responsible for remitting the fee plus the original payment. (Ex: \$15 check + \$25 fine = \$40, a second offense would cost \$65) _____
3. **All tutoring is done at the Center for Community Involvement located on the NE corner of Knoles and Pacific.** Tutors may **NOT** provide services at the tutees home or any other location. _____
4. **In the case of canceling an appointment, your child's tutor must be notified directly at least 24 hours in advance.** Without a cancellation, tutors wait 15 minutes, then call the tutee (parent/guardian). If they are unable to reach someone, the tutor will leave and the student is considered a No Show. **A No Show or cancellation without 24 hours notice results in the student being billed the \$15/hour fee.** _____
5. **The tutor must also notify the tutee at least 24 hours in advance when canceling an appointment. A TUTOR No Show or cancellation without 24 hours notice results in a free one hour tutoring session at a later date.** _____
6. **Tutoring sessions begin at the time of the appointment. If the tutee is late, the session will only last the remainder of the time.** The tutee may arrive early to pay if they wish to avoid cutting into tutoring time. _____
7. **Tutors are Pacific students, NOT teachers with credentials.** The tutoring is designed to be individualized support based on the child's homework or worksheets provided by their teacher. Some resources can be found at the center but tutors are not responsible for building curriculum. _____
8. **All Pacific tutors have been through screening and orientation.** _____

I (parent/guardian) have read and understand the tutoring services agreement and will follow all guidelines as outlined above. I understand that tutoring is a partnership and share the responsibilities for the quality of the tutoring.

Signed: _____ Date: _____

UNIVERSITY OF THE PACIFIC

Parent/Guardian Media Waiver Form

During the time your son, daughter or custodial minor will be receiving tutoring services at the Center for Community Involvement, he or she may be:

- Interviewed for a newsletter
- Photographed for a promotional/informational brochure, web site or newsletter
- Videotaped for a promotional/informational display

I consent for this information to be used

I do not consent for this information to be used

I understand that all interviews, photos and video recordings will be conducted at the Center for Community Involvement or the tutoring site my student attends. All of the above-mentioned activities will be conducted by a CCI staff member and an additional supervisor will be present. The CCI may use the products that feature my child in order to inform others about the programs which we coordinate.

Student's Name _____
(first) (last)

Parent/Guardian's Name (print) _____

Parent/Guardian Signature _____

Date _____ Phone Number _____

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Demographic Information

Please assist the CCI in maintaining our funding by filling out the following information.
This information will be kept confidential and will not impact your access to services.

Information of Student Receiving Services:

<p>Date of most recent report card _____</p> <p>Grades in School (A-F, etc.)</p> <ul style="list-style-type: none"> • Subject(s) you are requesting tutoring for _____ • Most recent grade in Math: _____ • Most recent grade in Reading/English: _____ <p>Known Learning Disabilities: _____</p> <p>Age: _____ Gender: M F Native Language(s): _____</p>	<p>If the student is currently in K-12, what school system are a part of:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Stockton Unified</td> <td style="width: 50%;">Lincoln Unified</td> </tr> <tr> <td>Manteca Unified</td> <td>Private</td> </tr> <tr> <td colspan="2">Other _____</td> </tr> </table>	Stockton Unified	Lincoln Unified	Manteca Unified	Private	Other _____	
Stockton Unified	Lincoln Unified						
Manteca Unified	Private						
Other _____							

Parent/Guardian Family Information:

How many dependant (under 18) children/youth live at home?	_____
How many are receiving/requesting services at this center?	_____
Is English the primary language spoken at home?	Yes No
Race/Ethnicity:	African American Asian Hispanic Native American Caucasian (non-Hispanic) Other _____
Region:	Lodi Lockeford Stockton Lathrop Manteca Tracy Ripon Escalon
Income:	below 8,000/yr 8,001-16,000/yr 16,001-24,000/yr 24,001-32,000/yr 32,001-40,000/yr 40,001-48,000/yr 48,001-56,000/yr 56,001-64,000/yr 64,001-70,000/yr 70,001- above
Does this child or your family qualify for free or reduced price lunches/meals?	Yes No
Are you the sole financial provider for this child?	Yes No

If you have questions regarding the completion of the form or its uses please contact Erin Rausch at (209) 946-2016

Revised on 8/8/2006

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PLEASE KEEP THIS COPY

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