

Tutor Session Report

PLEASE RETURN TUTOR SESSION REPORT TO THE THIRD FLOOR OF THE ACADEMIC RESOURCE CENTER OR THE OFFICE OF ACADEMIC SUPPORT AT THE CONCLUSION OF YOUR TUTORIAL SESSION.

Tutor Name: _____

Student-Athlete Name: _____

Sport: _____

Date: _____

Course: _____

Location: _____

Start Time: _____

End Time: _____

Total: _____

1. The student-athlete requested tutorial services for the following reason(s) (check all that apply):

Clarification of reading

Clarification of notes

Lab Questions

Essay Organization

Writing Concerns

Math Assignments

Project Planning

Exam Preparation

Other _____

2. The student-athletes preparation for the tutoring session was:

Good Adequate Inadequate

3. The student-athlete's class notes were:

Good Adequate Inadequate

4. The student-athlete's participation in the tutoring session was:

Good Adequate Inadequate

5. The student-athlete's understanding of the material covered was:

Good Adequate Inadequate

6. The overall session was:

Good Adequate Inadequate

PLEASE COMMENT ON THE SESSION AND THE STUDENT-ATHLETE'S PROGRESSION:

Next session planned: Date: _____ Time: _____

Plan for next session: _____

Tutor Signature

Student-Athlete Signature

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