



Hobble Creek Learning Center

TUTORING ASSESSMENT AND OBJECTIVES

Please fill one form out for each child that you are enrolling in order to help us understand your child's needs and your goals.

Student _____

Parent/Guardian _____

1. Has your child previously attended tutoring? Yes No

If yes, where were they tutored? _____

2. What prompted you to bring your child to Hobble Creek Learning and Enrichment?

3. How would you describe your child's attitude toward school?

Very positive Somewhat positive Somewhat negative Very negative

4. Please indicate what areas you would like to see improvement:

Self-discipline Reading Self-confidence
 Writing Math Attitude towards homework
 Grades Concentration Independence toward homework
 Comprehension Other _____

5. Please indicate any areas that have concerned you:

Poor study habits Behavioral/discipline problems at school
 Peer pressure Does not turn in homework
 Lack of attention in class Shy or withdrawn in class
 Relationship with teacher Other _____

6. Where would you like your child to be academically at the end of his/her tutoring program?

At grade level slightly above grade level considerably above grade level

7. What adults will be involved with your child's tutoring program?

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

8. What is the most important thing you hope to see accomplished in tutoring?

9. Please indicate the following:

| | Excellent | Above Average | Average | Below Average | Poor |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Current Grades | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Past Grades | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Study Habits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Reading Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Math Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Writing Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Grammar Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Self-Confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Behavior at School | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Attention Span | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Independence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Relationship w/ Teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. What other methods of support have you tried for your child?

11. Please add any additional information that you feel would help us better serve your child:

Signature Parent/Guardian

Date