**NEED A TUTOR?** Completely fill out each page in the Tutee Packet.

A referral form is needed for each class that you need a tutor in (only one referral attached to packet). Other referral forms are available in the file pocket posted by the Academic Skills Advisor’s office (Strickland Building, Room 131).

Turn in the completed packet to Pamela Morgan, Academic Skills Advisor.
REQUEST FOR TUTORING FORM

Student ID #: ________________________________
Name: ______________________________________
Address: _____________________________________

Phone Numbers:
Home: ___________________ Work: ___________________ Cell: ________________

E-mail Address:
JSCC E-mail Address: ____________________________@mail.jamessprunt.edu
Personal E-mail Address: __________________________@____________________

Which course(s) do you need a tutor for?
Course Name & #: __________________________________ Section #: __________
Course Name & #: __________________________________ Section #: __________
Course Name & #: __________________________________ Section #: __________

* LIST BELOW YOUR COMPLETE SCHEDULE OF CLASSES FOR THIS SEMESTER.

<table>
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<tr>
<th>COURSE #</th>
<th>SECTION #</th>
<th>DAY(S) OF CLASS</th>
<th>TIME(S) OF CLASS</th>
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List all of the days and times that you are available for tutoring.
__________________________________________________________________________
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Revised August 2013
TUTEE AGREEMENT FORM

Obligations of Tutee:

1. Attend sessions and be prepared to keep the tutor informed and up to date on all class assignments.

2. Be prepared to demonstrate to the tutor that you are fulfilling your class assignments to the best of your abilities.

3. Come prepared for all tutoring sessions with any work previously suggested by the tutor.

4. If you are unable to attend a tutoring session, you will notify the Academic Skills Advisor at least 2 hours prior to the tutoring time. Call the Academic Skills Advisor at (910) 296-2427. If you are unable to reach anyone, leave a message and also call the SSS/UB Program Assistant at (910) 296-2446.

5. You must complete all forms and provide all required information needed before you are assigned a tutor.

6. The tutor and tutee must sign the SSS Tutor Service Log before each session. (Please round off the time to every five (5) minutes.) Tutoring can not occur during a scheduled class time.

7. If you miss three scheduled tutoring sessions per course in a semester, your tutoring sessions will be terminated. The tutor will not return for your tutoring session. A JSCC e-mail will be sent to the tutee to share their termination of tutoring for the semester. (Emergencies will be dealt with in a case-by-case basis.)

8. Notify the Academic Skills Advisor and/or Project Director before classes are dropped. Your tutor must be notified in order that they do not show up for tutoring and you have dropped your course(s).

PERMISSION STATEMENT:

I, _________________________, hereby give permission to the tutors, readers and/or note-takers of James Sprunt Community College to view and use my phone number and class schedule in order to confirm tutoring schedules for the class(es) in which I have requested tutorial services.

I have read the above statements and agree to Student Support Services’ terms.

_________________________________  __________________________
Signature                                      Date

Revised August 2013
PERMISSION FORM FOR TUTEES

I, ___________________________, hereby give permission to the tutors, readers and/or note-takers of James Sprunt Community College to view and use my phone number and class schedule in order to confirm tutoring schedules for the class(es) in which I have requested tutorial services.

_____________________________                      ___________________________
Signature                                    Date

Academic Skills Advisor
________ Initial

Revised October 2010
* Please complete this referral form and return to the TRiO Student Support Services Program at James Sprunt Community College.

DATE: ___________________ COURSE #: __________ - __________

STUDENT: ____________________________ STUDENT ID #: __________

INSTRUCTOR’S SIGNATURE: __________________________

CHECK ALL THAT APPLY:

_____ The student attends class regularly.
_____ The student is on time for class.
_____ The student submits homework, reports and/or projects on time.
_____ The student participates in class.
_____ The student demonstrates a positive attitude toward the course.
_____ The student appears to be having personal problems.

THE STUDENT WOULD BENEFIT FROM THE FOLLOWING TYPES OF ASSISTANCE:

_____ Note Taking Techniques  _____ Tutoring
_____ Time Management Techniques  _____ Computer Assisted Instruction
_____ Test Taking Techniques  _____ Assisted Lab
_____ Counseling  _____ Transfer Information
_____ Reader Services  _____ Interpreter
_____ Other: _______________________________________________________

WHAT IS THE GRADE OF THE STUDENT AT THIS TIME? __________

PLEASE SHARE ANY ADDITIONAL INFORMATION OR COMMENTS THAT WOULD HELP THIS STUDENT IMPROVE IN THIS COURSE.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

OFFICE USE ONLY – DO NOT COMPLETE BELOW THIS LINE:

_____ Student is not eligible for the TRiO Student Support Services Program.

Student has been referred to the following department and/or agency:

_____ JSCC Student Services –Counseling and Testing/Transfer
_____ Other (example – Academic Support Center) _______________________

_____________ Date forwarded referral to above listed department/agency

________________________  __________________
SSS Staff Signature  Date

Revised August 2013