



Educators LLC

BES = Be Excellent in School

PROFESIONAL TUTORING

## Application for Tutoring Services

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ Cell \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

E-mail \_\_\_\_\_

Siblings & ages \_\_\_\_\_

Interests / Hobbies / School Activities \_\_\_\_\_

Present school \_\_\_\_\_ Grade \_\_\_\_\_

Previous School (s) \_\_\_\_\_

Preschool \_\_\_\_\_ Age started kindergarten \_\_\_\_\_ Grades Repeated \_\_\_\_\_

Did you take the NECAP(RI)? \_\_\_\_\_ Scores: \_\_\_\_\_

What are your goals? \_\_\_\_\_  
\_\_\_\_\_

Reason for referral \_\_\_\_\_

Subjects for tutoring \_\_\_\_\_

Current grades or GPA \_\_\_\_\_

Have you ever had educational testing? \_\_\_\_\_ When \_\_\_\_\_

Type (of evaluations) \_\_\_\_\_

Results \_\_\_\_\_

Do you currently have an IEP? \_\_\_\_\_ Do you have a 504 plan? \_\_\_\_\_

Type of services \_\_\_\_\_

Any health issues? \_\_\_\_\_ If yes, describe \_\_\_\_\_

Allergies? \_\_\_\_\_ Describe \_\_\_\_\_

Medication? \_\_\_\_\_ Which medication? \_\_\_\_\_ Dosage \_\_\_\_\_

How did you hear about BES Educators? \_\_\_\_\_

Anything important or remarkable we should know. \_\_\_\_\_

Can you refer anyone to BES Educators LLC? \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

Your signature acknowledges that the information you have provided is correct.

\_\_\_\_\_

Parent Signature / Guardian Date

Welcome letter: Yes \_\_\_ No \_\_\_ Pricing Schedule: Yes \_\_\_ No \_\_\_