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-athlete’s 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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