This form must be completed at the end of each tutoring session with assigned student. This form is to be returned to Carla Tatum/Academic Advisor Room 223 Franklin Hall each Friday no later than 3:30 p.m. You may fax the forms to 614-287-6296 or you may hand deliver them by the due date and time.

**Student Name:** ____________________________  **Last Name** ____________________________  **First Name** ____________________________

### FIRST TUTORING SESSION

**Date:** ________________

**Subject area tutored:** (Please circle one – if tutored in more than one Math area select the highest level)

- [ ] Pre-Algebra
- [ ] Algebra I
- [ ] Geometry
- [ ] Trigonometry

- [ ] Pre Calculus
- [ ] Calculus
- [ ] Integrated Math
- [ ] Other Math (specify) ______________

- [ ] Composition
- [ ] Literature
- [ ] Foreign Language (specify) ______________________________

- [ ] Laboratory Science (specify) ______________________________

If student worked on homework please indicate this under “Other”. If there is no homework to do, please have the students work on one or more of the following activities (indicate activity)

- [ ] ACT prep
- [ ] Ohio Graduation Test prep
- [ ] Other (specify) ______________________________

**Comments:** ______________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

**Tutor Name:** ____________________________  **Tutor Signature:** ____________________________  **Last Name** ____________________________  **First Name** ____________________________

### SECOND TUTORING SESSION

**Date:** ________________

**Subject area tutored:** (Please circle one – if tutored in more than one Math area select the highest level)

- [ ] Pre-Algebra
- [ ] Algebra I
- [ ] Geometry
- [ ] Trigonometry

- [ ] Pre Calculus
- [ ] Calculus
- [ ] Integrated Math
- [ ] Other Math (specify) ______________

- [ ] Composition
- [ ] Literature
- [ ] Foreign Language (specify) ______________________________

- [ ] Laboratory Science (specify) ______________________________

If student worked on homework please indicate this under “Other”. If there is no homework to do, please have the students work on one or more of the following activities (indicate activity)

- [ ] ACT prep
- [ ] Ohio Graduation Test prep
- [ ] Other (specify) ______________________________

**Comments:** ______________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

**Tutor Name:** ____________________________  **Tutor Signature:** ____________________________  **Last Name** ____________________________  **First Name** ____________________________

Revised 8/17/2011