

# PRIVATE TUTORING REQUEST

## 1. Student Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

What is the best way (and time) to contact you? \_\_\_\_\_

## 2. Schedule Preferences

How many days/hours do you want to study per week? \_\_\_\_\_

Please indicate your availability on the chart below.

DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TIMES:						

## 3. Course Objectives

<input type="checkbox"/> Grammar	<input type="checkbox"/> Vocabulary
<input type="checkbox"/> Idioms	<input type="checkbox"/> Writing
<input type="checkbox"/> Reading	<input type="checkbox"/> Listening
<input type="checkbox"/> Speaking/Pronunciation	<input type="checkbox"/> TOEFL Preparation

How much time have you studied English? \_\_\_\_\_

What is your education level in your native language? \_\_\_\_\_

What is your goal for this private class? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ILI Rep \_\_\_\_\_ Date \_\_\_\_\_

Office use only: Michigan Test score? _____ Writing sample? Yes No
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