

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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