

## Tutorial Services: Tutor Request

The EOPS tutorial program at Foothill College is funded at no cost to EOPS/CARE students who are currently enrolled in the course for which they need help.

Tutors are assigned based on availability. In order to coordinate the tutorial session, please complete the Student Contact Information and Schedule of Availability Agreement form below.

### Student Contact Information

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Current Quarter/Yr. \_\_\_\_\_

Do you have a disability that has been documented at Foothill College?

Yes

No

### Schedule of Availability Agreement

**I am requesting help in the following class (es):**

Course: \_\_\_\_\_ Instructor \_\_\_\_\_ Course: \_\_\_\_\_ Instructor \_\_\_\_\_

Course: \_\_\_\_\_ Instructor \_\_\_\_\_ Course: \_\_\_\_\_ Instructor \_\_\_\_\_

Each block below represents one hour, please check (✓) all the times from Monday to Friday in which you are available for tutoring. It does not mean that you will have to be here at all of the indicated times, but the more free time you are available the more likely we are to find you a tutor.

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Signing this document means that you are available for tutoring at the indicated times above. Any changes to this schedule will require an update prior to any scheduled tutoring assignment.*

*For office use only*

**First subject**

Request rec'd \_\_\_\_\_ Date matched \_\_\_\_\_

Tutor assigned (Name) \_\_\_\_\_

First Meeting Date \_\_\_\_\_ Confirmed: Yes / No

Scheduled: Day 1 \_\_\_\_\_ Hour \_\_\_\_\_ Extended Hour \_\_\_\_\_

Scheduled: Day 2 \_\_\_\_\_ Hour \_\_\_\_\_ Extended Hour \_\_\_\_\_

Referred to DRC \_\_\_\_\_

**Second subject**

Request rec'd \_\_\_\_\_ Date matched \_\_\_\_\_

Tutor assigned \_\_\_\_\_

First Meeting Date \_\_\_\_\_ Confirmed: Yes / No

Scheduled: Day 1 \_\_\_\_\_ Hour \_\_\_\_\_ Extended Hour \_\_\_\_\_

Scheduled: Day 2 \_\_\_\_\_ Hour \_\_\_\_\_ Extended Hour \_\_\_\_\_

Referred to DRC \_\_\_\_\_

**Comments** \_\_\_\_\_

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