**MADISON ACADEMIC **

 **PEER TUTORING PROGRAM**

**Students,**

**The Counselors’ Office is soliciting help in locating tutors for the 2016-2017 school year. Student tutors are needed in the areas of math, science, English, history, and foreign language. If you are in a course now or have been in a course where you excelled academically, please know your services are needed! Not only can you gain confidence in the subject area you are tutoring, you can earn community service hours as well!**

**Interested students need to complete the back of this form and return it to Mrs. Carson by *Wednesday, August 17th.***

**As your counselor, I highly recommend you take advantage of this wonderful opportunity to share your knowledge and expertise with others while earning community service hours! I look forward to having you as part of our Peer Tutoring Program this year!**

**Sincerely,**

**Mrs. Carson**

**9th & 10th Counselor**

**STUDENT PEER TUTOR APPLICATION FORM**

**STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRADE: \_\_\_\_\_\_\_\_\_\_ HOMEROOM (1st BLK) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_**

**CELL PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DO YOU TEXT? YES or NO**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Based on your current grades AND previous grades (B or above), please indicate below the area you feel most comfortable tutoring another student in.**

**\_\_\_\_\_\_English**

**\_\_\_\_\_\_Foreign Language (circle one: FRENCH SPANISH)**

**\_\_\_\_\_\_History**

**\_\_\_\_\_\_Math**

**\_\_\_\_\_\_Science**

**\_\_\_\_\_I understand that if I meet at school I must be under the supervision of a teacher/administrator. I understand it is my responsibility to set up the tutoring session and to meet with the student requesting services on a regular basis.**

**Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_I understand my student is applying to the Peer Tutoring Program and will be required to contact, meet with, and tutor students outside of regular school hours.**

**Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_As a current/former teacher, I recommend this student for the Peer Tutoring Program.**

**Teacher signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**~Return this completed form to Mrs. Carson, School Counselor, by Wednesday, August 17th if you are interested in participating in the Peer Tutoring Program.**