



Greater Albany Public Schools
718 Seventh Avenue SW
Albany, OR 97321

Request For Tutor

Send Original to Special Programs or Instruction Dept.

For Tutor Coordinator Use	
Date Received:	____/____/____ ____/____/____
Tutor Confirmed:	____/____/____ ____/____/____
Name:	_____ Ph: _____
Alt Name:	_____ Ph: _____
Schedule Received:	yes no
Tutoring Start Date:	____/____/____ ____/____/____
Copies Sent to: Registrar:	____/____/____
	Case Mgr: ____/____/____
Tutor Database:	____/____/____

Request Date: ____/____/____

***Complete all spaces with an ***

*Tutoring could occur at: Home School Library Fairmount Other: _____

Request Made by: _____ School: _____ Phone: _____

*Student Case Manager: _____ School: _____ Phone: _____

*Anticipated length of tutoring: ____ wks months Hours/week: ____ (default: 5hrs/wk)

Placement Review Schedule: ____/____/____ ____/____/____

Student/Family Contact Information

*Student Name: _____ DOB: ____/____/____ Age: _____ *Grade: _____

*Student Address: _____ *Phone: _____

*Mother's Name: _____ Day Phone: _____ Eve Phone: _____

*Father's Name: _____ Day Phone: _____ Eve Phone: _____

Reason for Tutoring

- Accident/Medical Condition **(Doctor's note required giving reason and anticipated length of time for tutoring)*
- Behavioral/Discipline Related (explain: _____)
- Expulsion *(explain: _____) Date Expelled ____/____/____ Length of Expulsion: _____

*Is the student on an IEP? No * Yes → *Attach copy of current IEP to this request/ 504 plan.*

Open request Specific Tutor request _____

Forms Attached:

- Doctor's note requesting tutoring
- Current IEP
- Behavior Plan
- Class schedule or elem. teacher name

Attendance Verification

School Records Secretary: _____ Phone: _____

*Last date student attended classes: ____/____/____ Drop Date: ____/____/____

<input type="checkbox"/> Jail	<input type="checkbox"/> Expulsion	<input type="checkbox"/> 504	<input type="checkbox"/> IEP	<input type="checkbox"/> Medical	<input type="checkbox"/> Behavioral
<input type="checkbox"/> Tutor Approved		<input type="checkbox"/> Tutor <i>Not</i> Approved			
<input type="checkbox"/> Ryan Mattingly, Special Programs Director			<input type="checkbox"/> Diane Smith, Director of Curriculum & Instruction		
Signature: _____			Date: ____/____/____		
Acct # Assigned: _____					

Copies sent to: District Office Case Manager School Office Mgr Tutor