



# Tutoring

## Student Questionnaire

Name \_\_\_\_\_ Birthday / Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Do YOU like:

Math



Reading



Writing



Science



History



Geography



Art



Computers



Do YOU like school?



What would you like to be when you grow up? \_\_\_\_\_