

# PLEASE PRINT PLEASE COMPLETE BOTH PAGES

CHESTNUT HILL COLLEGE  
TEACHING AND LEARNING CENTER  
REQUEST FOR TUTORING SERVICES

PLEASE COMPLETE THIS FORM AND RETURN TO THE TLC:

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Semester \_\_\_\_\_

College Year: \_\_\_\_\_ Major: \_\_\_\_\_

Day Student: \_\_\_\_\_ Accelerated Student: \_\_\_\_\_

Campus Resident: \_\_\_\_\_ Commuter: \_\_\_\_\_

If Chestnut Hill College Student, Do you student have an Accommodation Plan ?    yes    no   

1. I am requesting tutoring services in the following courses (list as many as needed):

Name of Course	Professor	Current Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. I am interested in receiving tutoring services for the following (check as many as needed):

Study Skills : \_\_\_\_\_ Test Taking Strategies, \_\_\_\_\_ Note Taking \_\_\_\_\_ Review of Content \_\_\_\_\_  
\_\_\_\_\_ Review of Test Content

Reading Skills: \_\_\_\_\_ Main Idea, \_\_\_\_\_ Vocabulary, \_\_\_\_\_ Comprehension

Test Anxiety: \_\_\_\_\_, Time Management: \_\_\_\_\_, Organizational Skills: \_\_\_\_\_,

Stress Management: \_\_\_\_\_, Memorization: \_\_\_\_\_

Other: Please explain

Please return this completed form to:  
Saundra M. Freedman, Consulting Coordinator  
Teaching and Learning Center

Chestnut Hill College  
St. Joseph Hall, Room 240  
9601 Germantown Avenue  
Philadelphia, PA 19118  
[freedmans@chc.edu](mailto:freedmans@chc.edu)  
Phone: 215-242-7738

Date Request Form Received from Student: \_\_\_\_\_

Date Tutor Assigned: \_\_\_\_\_

Date Tutor Accepts Assignment: \_\_\_\_\_

Date Student Notified: \_\_\_\_\_

Tutor Assigned: \_\_\_\_\_

Comments:

November 2015

# PEER TUTORING SURVEY-Pre Sessions

## Teaching and Learning Center

**Directions:** As part of the application process for tutoring, kindly complete this survey and hand it in with your application to Leslie Wilson Myers or Mrs. Freedman

Your Name: \_\_\_\_\_ Undergraduate \_\_\_ Accelerated \_\_\_

Class (es) you are requesting to be tutored in: \_\_\_\_\_ Date: \_\_\_\_\_

Current Grade Level in class or classes you are requesting tutoring (list each individually):

\_\_\_\_\_

Please rate the following on a scale of 1-5. 1 means "I cannot do this at all" and 5 means "this is an area of strength for me"

\_\_\_ I need to learn how to be a good student.

\_\_\_ I am organized for this class.

\_\_\_ I know all about the academic support resources available at CHC.

\_\_\_ I understand everything the teacher is teaching.

\_\_\_ I am invested in my course work.

\_\_\_ My grades in this class need to improve.

\_\_\_ I feel stressed when I attend class.

\_\_\_ I am confident in class.

\_\_\_ I participate in class.

\_\_\_ I need course material to be reinforced for me.

\_\_\_ My relationship with my professor needs improvement.

Additional Statements I would like to make (Please feel free to use back of survey):

November 4, 2015