Periscope Tutoring LLC
Client Intake Form

Client name: **Parent/guardian name:**

Age/grade: **Phone:**

Phone for session reminders: **Email:**

Please check any that apply:

___ difficulty with one or two academic subjects. List subject(s): _____
___ not working up to his/her full potential
___ does well in school, but I want to make sure s/he does not lose ground
___ has organization and/or attention challenges.
___ needs extra challenges, specify here:

Please provide any other information about your child that will help us serve them- for example IEP or 504 plans, copies of report cards etc.

If applicable, when did academic issues begin?

What are your goals/expectations for tutoring?

**All information is confidential. By filling out this form there is no commitment to enroll in tutoring.*