



Adult Confidential Periscope Enrollment Form

Name:

Address:

Phone:

Email:

Please check any that apply:

difficulty with one or two subjects: _____

not working up to potential

has organization and/or attention challenges.

needs extra challenges

Please provide any other information about you that will help us you- for example details about learning differences and styles:

If applicable, when did issues begin?

What goal(s) would you like to achieve with tutoring?

What is your general availability and preference for tutoring- days of the week and morning, afternoon, evening?