



Professional | Tutor | Services

Exercising the Mind

TUTOR PROFILE

IMPORTANT NOTE: Double click on each gray box to enter your information or to check the appropriate box.

Contact Information:

Tutor Name:

Address:

City, State, Zip:

Home Phone:

Cell Phone:

Work Phone:

Email:

Current Occupation:

Employer:

How Long?

If unemployed, are you looking for full time employment? YES NO

Education/Background (indicate name of school/location and yrs completed):

High School:

College:

Degree(s):

Other areas of study:

Experience:

Are you currently a certified teacher? YES NO

Have you ever worked as a private tutor? YES NO

Have you ever worked for a tutoring company? YES NO

Are you willing to tutor at student's home? YES NO

If tutoring cannot be done at a student's home, are you willing to tutor at another location?
(bookstore, library, etc.)? YES NO

Are you willing to work with more than one student at a time (groups)? YES NO

Please list the areas (towns) you would be willing to tutor in:

Distance or driving time you are willing to travel:

What subject(s)/grades are you comfortable tutoring in: (Check all that apply)

Please indicate the grade levels you are willing to tutor:

- Pre K K 1 2 3 4 5 6
 7 8 9 10 11 12 Adult

Comments:

Elementary School:

Area of Specialization:

- Study Skills Reading Reading Comprehension Spelling Writing
 Phonics Grammar Math Other

Junior High (Middle) School:

Area of Specialization:

- Study Skills Basic Math Pre-Algebra Math English Writing
 Social Studies Science Other

High School:

Area of Specialization:

- Basic Math Algebra Algebra I Algebra II
 Geometry Pre-Calculus Calculus Trigonometry
 Physics Chemistry Biology Anatomy
 Government US History World History Economics

- English/Grammar/Spelling English Composition Reading Comprehension
 Creative Writing Study Skills Organizational Skills

Test Prep:

Area of Specialization:

- PSAT SAT I - Math SAT I - Verbal SAT II ACT
 MCAS SSAT GED General Test Prep

Foreign Languages:

Area of Specialization:

- | | | | |
|------------------------------------|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Spanish I | <input type="checkbox"/> Spanish II | <input type="checkbox"/> Spanish III | <input type="checkbox"/> Spanish IV |
| <input type="checkbox"/> French I | <input type="checkbox"/> French II | <input type="checkbox"/> French III | <input type="checkbox"/> French IV |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> German | <input type="checkbox"/> ESL (as second language) |
| <input type="checkbox"/> Latin | <input type="checkbox"/> Other | | |

Computers:

Area of Specialization:

- Basic Home Computing: Internet, Email, MS Word, MS Excel Etc. Quicken/QuickBooks
- Basic Networking Advanced Networking Other

Special Education:

Do you have significant experience with Learning Disabled Students? YES NO

If so, please mark all that apply: ADD ADHD Dyslexia Autism
 Other

Other skills and/or training:

Do you have any special skills or training that will aid in the development of our students? If yes, please explain: I possess teaching skills and strategies that will assist students in organization, strategies for learning new concepts, and study skills.

Availability/Schedule:

Please indicate the number of hours per week you desire to work as a tutor:

- 2-4 6-8 8-10 10-15 15+ hrs

Availability during the school year (September – June):

(Please check off days of the week and note time of day you are available to tutor below)

Days: Mon Tues Wed Thurs Fri Sat Sun

Times:

Summer Availability (July & August):

Days: Mon Tues Wed Thurs Fri Sat Sun

Times:

References:

(Please remember to let people know they are references. People who do not answer their phones, will not return calls, or are away on a three month cruise are not good references. It is best if your professional references are in the field of education.)

Professional References & Telephone Numbers:

	Name	Telephone	Years Known
1)			
2)			
3)			

Personal References & Telephone Numbers:

Name Telephone Years Known

1)

2)

3)

Official Background Information:

Have you ever been convicted of any crime, whether a misdemeanor or felony? YES NO

If yes, when, where and for what crime?

Will you submit to a drug and background test if necessary? YES NO

Do you agree to a background investigation including a criminal background investigation? YES NO

When was your last background check performed? Date by whom?

I certify that the information I have provided on all the pages above is true, accurate and correct:

Signature

Date

Please sign or type name (if submitting electronically) and date above.