



TUTORING CENTRAL
INTAKE ASSESSMENT AND REFERRAL FORM

(S'12)

Name: Banner ID: Date:

E-Mail: (please use bridgew account only) Phone:

Class Year: 1Y SO JR SR credits Resident/ Commuter MAJOR: (please circle one)

FOR THE STUDENT Circle all that apply to you

Summit GPR Probation Student of Color Adult Student (25+) Student with Disability I would like more information
International student Bilingual student (Optional response) (Optional response) (Optional response) about Disabilities Resources

Are you enrolled in a group learning class (Book Club, study sessions, math coach, Targeted courses, etc.) If yes, which one?

1. In which class are you hoping to receive help? Is it a CORE course? Major requirement?
Professor's name Current grade Grade wanted
Have you spoken to your Professor yet? Y N If no, why not? Repeat course? Y N
Have you received tutorial services before? Y N In which subject(s)?

2. What are the primary difficulties you are encountering with this course? (Circle all that apply)
Understanding lectures Note taking Reviewing/clarifying notes Understanding assignments Outlining text Understanding what is read Understanding content
Concentrating Vocabulary usage Time management Organizing course material Integrating previously learned material Test anxiety Preparing for tests
If experiencing difficulties with other course(s), in which one(s)?

3. How have you been studying for this class ?
What study strategies do you find most helpful?
Do you prefer to study in groups? Alone? Either? (check any that apply to you)
Do you have a set study schedule? How many hours do you set aside for studying each course?

4. Who referred you to receive assistance in the Academic Achievement Center?

**FOR THE INTAKE STAFF**

1. What is the student's motivation for receiving assistance? \_\_\_\_\_

What does the student expect from the tutor? \_\_\_\_\_

2. Is there a quiz/test/paper approaching within the next day/week? Y \_\_\_\_\_ N \_\_\_\_\_ When? \_\_\_\_\_

3. What are student's outside-of-class commitments? (check all that apply)

Work – total # of hours per week \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ On campus \_\_\_\_\_ Off campus \_\_\_\_\_

Athletics - chosen sport: \_\_\_\_\_ Practice schedule M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ Games Schedule \_\_\_\_\_

Clubs/Organizations/Leadership - Meeting schedule: \_\_\_\_\_

Home/Family responsibilities: \_\_\_\_\_

Other: \_\_\_\_\_

4. Does the student have a realistic understanding of his/her current situation? \_\_\_\_\_ Does the student appear to be willing to engage in his/her own improvement \_\_\_\_\_

Is student exhibiting high levels of anxiety and/or stress? \_\_\_\_\_ Is student receptive to recommendations for assistance? \_\_\_\_\_

**REFERRAL RECOMMENDATION** (if more than one, prioritize)

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\_\_\_\_\_  
Student Signature

DATE \_\_\_\_\_

\_\_\_\_\_  
Intake Staff signature

(All personal information will remain confidential; signature gives permission for data to be used anonymously)