

Date: _____

Personal Information

Name: _____
Last
First
Middle

Nickname: _____

Address: _____
Street

City
State
ZIP

Phone: _____ E-mail: _____

Date of Birth: _____ Sex: _____

UO Student ID Number: _____

Tutoring/Training Logistics

Tutoring will take place in the HEDCO Education Building

Are you interested in tutoring for more than 1 term?: Yes No

Our services have expanded. Please indicate your preference for tutoring: Reading Math

We will make every effort to assign you to tutor according to your content preference, but can only guarantee you will be assigned that content area if you are completing this tutoring experience for a course that dictates a particular content assignment.

Tutoring Options (select one):

Tutor for credit through the reading clinic (**1 credit = 1 hour of tutoring 2 days per week, 2 credits = 1 hour of tutoring 4 days per week, or 2 hours of tutoring 2 days per week. Max credits = 2**)

_____ How many credits do you wish to earn?

Complete a course requirement or field experience through your program. (e.g. SPED Minor)

Please explain: _____

Volunteer

Availability for Tutoring Sessions

The Clinic will provide services for 50 minutes during the 3 o'clock and 4 o'clock hours, two days per week.

Please select your preferred days and times below. **Please indicate all of your availability.**

<input type="checkbox"/> Mondays and Wednesdays 3:00 pm to 3:50 pm	<input type="checkbox"/> Mondays and Wednesdays 4:00 pm to 4:50 pm
<input type="checkbox"/> Tuesdays and Thursdays 3:00 pm to 3:50 pm	<input type="checkbox"/> Tuesdays and Thursdays 4:00 pm to 4:50 pm

Availability for Training:

Tutors may be required to attend 5 hours of initial program training, split over 2 days, the first and second week of the term. Training length may vary and is dependent upon whether or not you've already received training for a specific program. In addition to this initial training, tutors will have 1-hour weekly meetings with clinic staff. **Please indicate ALL times that you are available for initial training and on-going meetings.**

Day	Available Times the First 2 Weeks of the Term
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Department or Area within the College of Education

- School Psychology
 Special Education
 Early Intervention
 Educational Leadership
 Teacher Education
 Other _____
 Counseling Psychology
 Communication Disorders and Sciences

Advisor's Name: _____

Year in School: _____

College degrees received and/or related coursework taken toward degree:

Previous teaching/tutoring training and experience:

