CCHS Peer Tutoring Program: Tutee Referral Form

Self Referral or Teacher Referral?
(circle please)

Student: _____ **Grade** _____

Subject Area in need of support: *(circle please)*

English   Math   Social Studies   Science   French   Study Skills

Other:_____

Statement of Objective:
What are the goals for peer tutoring and what specific outcomes will be worked on?
_____
_____
_____
_____
_____

Please drop off or submit your completed form to [Leslie Kestle](#).