



A.T.L.A.S Tutoring Request Form

Today's date: <small>Click here to enter text.</small>		Hearing Date: <small>Click here to enter text.</small>	
STUDENT INFORMATION			
Student's Last name: <small>Click here to enter text.</small>		First: <small>Click here to enter text.</small>	Middle: <small>Click here to enter text.</small>
School: <small>Click here to enter text.</small>		Grade: <small>Click here to enter text.</small>	
Student ID: <small>Click here to enter text.</small>			
Street Address: <small>Click here to enter text.</small>		Birth date: <small>Click here to enter text.</small>	Age: <small>Click here to enter text.</small>
Parent/Guardian: <small>Click here to enter text.</small>	Home phone #: <small>Click here to enter text.</small>	Cell Phone #: <small>Click here to enter text.</small>	Emergency #: <small>Click here to enter text.</small>
Tutoring Start Date: <small>Click here to enter text.</small>		Tutoring End Date: <small>Click here to enter text.</small>	Number Of Weeks: <small>Click here to enter text.</small>
Reason for Tutoring Request: <input type="checkbox"/> Hearing <input type="checkbox"/> Medical <input type="checkbox"/> Other <small>Click here to enter text.</small>			
<input type="checkbox"/> I.E.P <input type="checkbox"/> 504 <input type="checkbox"/> Other <small>Click here to enter text.</small>	List Abeyance Conditions: <small>Click here to enter text.</small>		<input type="checkbox"/> Transportation (I.E.P) <small>Click here to enter text.</small>
<input type="checkbox"/> Abeyance Date <small>Click here to enter text.</small>			
Abeyance Checklist Attached Yes <input type="checkbox"/> No <input type="checkbox"/>			
MEDICAL INFORMATION			
Medical Diagnosis: <small>Click here to enter text.</small>			
Is this an extension for medical tutoring? Extension <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any medical tutoring request needs to be approved by the nurse manager, and should be communicated with the building's administrator and school counselor. Please have a minimum of two signatures prior to sending this request (one must be nurse manager). All requests should be submitted in a timely manner to ensure the continuation of education.			
Building Nurse:			
Building Admin:			
Nurse Manager:			
Tutor(s) Assigned:		Room Assigned:	
Date Assigned:			

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