



LEARNER/TUTOR – MATCH INFORMATION

1. Do you have any allergies or sensory sensitivities? Yes No
If yes, please provide details as to how this may affect your learning situation: _____

2. For the purposes of matching you with a tutor, please indicate what type of person you would be most comfortable working with: Man Woman No Preference
Age Range: _____ No Preference
3. What time of day is best for you to meet with your tutor?
 Morning Afternoon Evening No Preference
4. Please indicate your preferred days/times:
Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____
Friday: _____ Saturday: _____ Sunday: _____
5. How many times per week would you like to meet your tutor?
 1 2 3 Open to suggestions _____
6. Where would you prefer to meet? (*Please note we do not allow meeting in private homes*)
 Public Library Coffee Shop Office Space (if available)
 Other _____ Open to suggestions _____
7. Do you have reliable transportation? Yes No
8. Are you aware of anything (i.e. a new job, childcare) that may interrupt your learning program in the near future? _____