



TUTOR/LEARNER – 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 tutoring situation: _____

2. Barring unforeseen circumstances, I can make a commitment for at least one year.
Yes No If no, then for how long? _____
3. For the purposes of matching you with a learner, please indicate what type of person you would be most comfortable working with: Man Woman No Preference
Age Range: _____ No Preference
4. What time of day is best for you to meet with your learner?
 Morning Afternoon Evening No Preference
5. Please indicate your preferred days/times:
Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____
Friday: _____ Saturday: _____ Sunday: _____
6. How many times per week would you like to meet your learner?
 1 2 3 Open to suggestions _____
7. 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 _____
8. Do you have reliable transportation? Yes No
9. Can you begin tutoring immediately after your training is completed? Yes No
If no, please indicate when you would be available to start: _____