I agree that SSS staff members (including SSS tutors) may contact my instructor to determine my academic standing and progress at any time during this class.

Student Signature: __________________________________________

The following question is optional, and services will not be denied based upon a response or the lack thereof. Do you have any functional limitations, and if so, what accommodations have been given?

_________________________________________________________________________________

THIS SECTION WILL BE COMPLETED BY THE ACADEMIC COORDINATOR.

Tutor Assigned: ____________________________ Tutor Assigned: ____________________________

Assigned Times: ____________________________ Assigned Times: ____________________________

Date of First Session: ______________________ Date of First Session: ______________________

Location of 1st Meeting: ______________________ Location of 1st Meeting: ______________________

Referred by: __________________________________ Referred by: __________________________________

COMMENTS:
_________________________________________________________________________________
_________________________________________________________________________________