

# Student Success Center Special Support Services Tutoring Session Record\*

Type of Tutoring:       Individual       Group

Date of Session:

Location of Session:

Session Start Time:

Session End Time:

Subject/Course:

Subject/Course Section Number:

Student's First Name: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Tutor's First Name: \_\_\_\_\_

Tutor's Last Name: \_\_\_\_\_

Tutor's Signature: \_\_\_\_\_

Student's Progress During Session:

- Very Good
- Good
- Average
- Needs Improvement

\*Paper forms are due within 48 hours of tutoring sessions

**Session Comments: (At least 3 sentences, include: session agenda, course material covered, academic skills requiring attention, and anything you have noticed about the Tutee's Learning Styles; include what is working well and what is not.)**

**Personal Comments: (Anything you feel I need to know)**

My Tutee has informed me that tutoring is no longer desired