L.A.K.E.R Academic Success Center

Tutoring Program

**One-On-One Tutoring Session Report**

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| --- |
| **Tutor Name**: **Student-Athlete Name**: |
|  |
| **Course**: **Location of Session**: |
|  |
| **Session Date**: |
|  *Day Month Date Year* |
|  |
| **Scheduled Start Time**: **Scheduled End Time**: |
|  *am/pm am/pm* |
|  |
| **Time Student-Athlete Arrived**: **Time Student-Athlete Left**:  |
|  *am/pm am/pm* |
|  |
| **Did the student-athlete show up prepared**?  |
|  |
| **Did the student-athlete cooperate during the session**? |
|  |
| **Did the student-athlete have a positive attitude**? |
|  |
| **Please provide a brief description of the tutoring session**: |
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\*ALL ONE-ON-ONE TUTORING SESSION REPORTS MUST BE SUBMITTEDTO THE TUTORING COORDINATOR VIA EMAIL (Joe Miller milljos1@gvsu.edu) WITHIN **48 HOURS** OF THE END OF THE SESSION\*