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

Tutoring Program

**Small Group Tutoring Session Report**

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| --- |
| **Tutor Name**: |
|  |
| **Course**: **Location of Session**: |
|  |
| **Session Date**: |
| *Day Month Date Year* |
|  |
| **Scheduled Start Time**: **Scheduled End Time**: |
| *am/pm am/pm* |
|  |
| |  |  | | --- | --- | | **Student-Athlete Name**: | | | **Time Student-Athlete Arrived:** | **Time Student-Athlete Left** | | **Did the student-athlete show up prepared**? | | | **Did the student-athlete cooperate during the session**? | | | **Did the student-athlete have a positive attitude**? | | | **Comments**: | | |  | | |  | | |

|  |  |
| --- | --- |
| **Student-Athlete Name**: | |
| **Time Student-Athlete Arrived:** | **Time Student-Athlete Left** |
| **Did the student-athlete show up prepared**? | |
| **Did the student-athlete cooperate during the session**? | |
| **Did the student-athlete have a positive attitude**? | |
| **Comments**: | |
|  | |
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| --- | --- |
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| **Time Student-Athlete Arrived:** | **Time Student-Athlete Left** |
| **Did the student-athlete show up prepared**? | |
| **Did the student-athlete cooperate during the session**? | |
| **Did the student-athlete have a positive attitude**? | |
| **Comments**: | |
|  | |
|  | |

\*ALL SMALL GROUP 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\*