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* |
|  |
|

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| **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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| **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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| **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\*