Smart Learning SF New Student Intake Form

Student's Information				
Name:	Birthday:	Birthday:		
Phone/ email:		Today's date:		
School:	Current Grade:	Current Grade:		
Parent/ Guardian Information				
Name:				
E-mail:		Relationship:		
Address:				
Name:	Phone #:			
E-mail:	Relationship:	Relationship:		
Address:				
*What is the best way to get a hold of	f your family?			
Academic Background				
I/ my child would benefit from tutoring	in the following areas (check all t	hat apply):		
MATH				
☐ Elementary math ☐ Pre-Algebra ☐ Algebra ☐ Geometry SCIENCE	☐ Trigonometry ☐ Pre-Calculus ☐ Calculus ☐ Linear Algebra	☐ Differential Equations ☐ Others		
SCIENCE				
☐ Biology ☐ Biochemistry ☐ Chemistry	☐ Physics☐ Social Science☐ Psychology	☐ Earth Science		
ENGLISH				
☐ Grammar ☐ Reading ☐ Creative Writing	Poetry ESL			

SOCIAL SCIENCE						
☐ Economics ☐ Geography			History Sociolo	gy	Λ	
*Please briefly summarize your/your child's academic strengths:						
*Please briefly summarize your/your child's expectations for academic growth:						
EXECUTIVE FUNCTIONING						
Please select the following i relates to your tutoring goals	•	rity (1 highest p	riority and	l 10- least prio	rity) as it	
 Planning Organization Time Management Task Initiation Working Memory Metacognition Self Control Sustained Attention Perseverance Flexibility 				8		
Availability - please circle the dates/ times you have available for tutoring						
Monday Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
[] 9:00am to 11:00 am	[] 1:00	pm to 3:00 pr	n	[] 5:00 pm	to 7:00 pm	
[] 11:00 am to 1:00 pm	[] 3:00	pm to 5:00 pr	n 📗	[] 7:00 pm	to 9:00 pm	
*If you have any additional information to share, please list here:						
12.12			WAW		WATER A	
Parent/Guardian Signatur Date:	e:					