



School on Wheels, Inc.

P.O. Box 86133
Los Angeles, CA 90086
Tel. (213) 896-9200
Fax: (213) 896-9222

Tutor/Student Partnership Agreement

Welcome to School on Wheels! We are pleased to provide one-on-one tutoring and believe that this is the best way for our students to learn. But we cannot do it alone! It is important that our tutors and the students work together to achieve the best possible result. The partnership of everyone involved ensures that the students are given the necessary safety net needed to succeed.

The purpose of this agreement is to communicate the responsibilities and expectations between the tutor and student. The following are agreed-upon responsibilities that we as partners will carry out to support success.

THE TUTOR PARTNERSHIP WITH STUDENT

Tutor Responsibilities:

- Tutor at least one hour each week
- Be a positive role model for my student
- Encourage and respect the individuality of my student's unique learning styles
- Notify my student if I will be absent or late
- Consult with School on Wheel's staff or the student's teacher to discuss the student's progress if needed
- Track my student's progress using the School on Wheels' online database

THE STUDENT PARTNERSHIP WITH VOLUNTEER TUTOR

Student Responsibilities:

- Come to tutoring sessions on time and take an interest in my own learning
- Respect my tutor and listen while he or she is working with me
- Ask questions when I do not understand and ask for school supplies when needed
- Let School on Wheels and my tutor know if I cannot attend tutoring sessions
- Understand that the tutor may be assigned to another student if I miss three (3) tutoring sessions without prior notification
- Do my homework and bring my books and/or class materials to tutoring sessions
- Talk to School on Wheels if I do not feel comfortable with my tutor

Tutor's Signature

Date

Student's Signature

Date

STUDENT'S INFORMATION

Student's Name:	DOB: M F																				
Student's Email:	Phone:																				
Emergency Contact Name:	Emergency Contact Phone:																				
Date student started at Location:	Previous Location:																				
School currently enrolled in:	Grade:																				
Date started at school:	Previous School name and Location:																				
Teacher's Name(s):	Area(s) needing attention:																				
<p>Please circle the supplies you need:</p> <table border="1"> <tr> <td>Backpack</td> <td>Coloring pencils</td> <td>Glue</td> <td>Ruler</td> </tr> <tr> <td>Pens</td> <td>Pencils</td> <td>Paper</td> <td>Notepad</td> </tr> <tr> <td>Colored markers</td> <td>Crayons</td> <td>Calculator</td> <td>Dividers</td> </tr> <tr> <td>Scissors</td> <td>Highlighters</td> <td>Binder</td> <td>Uniform</td> </tr> <tr> <td>Sharpener</td> <td>Pencil Case/Pouch</td> <td>Erasers</td> <td>Other</td> </tr> </table>		Backpack	Coloring pencils	Glue	Ruler	Pens	Pencils	Paper	Notepad	Colored markers	Crayons	Calculator	Dividers	Scissors	Highlighters	Binder	Uniform	Sharpener	Pencil Case/Pouch	Erasers	Other
Backpack	Coloring pencils	Glue	Ruler																		
Pens	Pencils	Paper	Notepad																		
Colored markers	Crayons	Calculator	Dividers																		
Scissors	Highlighters	Binder	Uniform																		
Sharpener	Pencil Case/Pouch	Erasers	Other																		

TUTORING INFORMATION

Tutoring Shelter or Location:	City:
Tutor's Name:	Tutor's Phone Number and Email:
Tutoring Schedule (Day/Time):	Start Date:

CONSENT FORM

I _____ being the legal guardian/case worker of _____
Print Guardian's Name Print Student's Name

hereby give permission to School On Wheels to:

Speak with the student's teacher(s) to plan educational goals for the student as well as to request supplemental materials for activities during tutoring sessions. I understand that the tutor may disclose the transitional nature of the student's living situation to the teacher(s) in order to receive additional support.

Please initial by one: YES
 NO

Photograph or film the student for School on Wheel's promotional materials highlighting student success.

Please initial by one: YES
 NO

Signature of Guardian

Date

Signature of Coordinator

Date

<p>Please complete and return this form to your Regional Coordinator after your first session.</p>
