



**TRIO Disabled Student
Support Services**

PIKES PEAK COMMUNITY COLLEGE

Tutor Request Form

Student Information:

Name: _____ Phone Number: _____
Student ID #: _____ Email Address: _____@student.cccs.edu
Class: **(ONE CLASS PER REQUEST FORM):** _____ (ex. MAT 050) Semester: _____

What degree are you seeking?

What are you doing currently to be successful in class?

Please rate how much you agree with the following:

I have confidence in my ability to succeed in this class.

Don't agree at all Mostly don't agree Somewhat agree Mostly agree Completely agree

I have a strong understanding of class content and assignments so far.

Don't agree at all Mostly don't agree Somewhat agree Mostly agree Completely agree

Availability:

**What times are you available to meet with a
tutor?**

Mondays _____
Tuesdays _____
Wednesdays _____
Thursdays _____
Fridays _____
Saturdays _____
Sundays _____

**Do you have any concerns regarding your ability to be on
time to scheduled tutoring appointments? If yes, what are
they?**

Preferred Tutoring Location (select all that apply):

Centennial Campus
Downtown Studio Campus
Rampart Range Campus
I am flexible about which campus I can meet at

Please continue to the next page to review and sign our Student Tutoring Agreement

Student Tutoring Agreement

I Agree To (Please read and initial):

- ___ Grant permission for the DSSS office staff, my instructor and my tutor to communicate regarding my performance and progress in the course and the tutoring sessions.
- ___ Follow the course sequence outlined by my academic advisor. Tutoring does not replace prerequisites.
- ___ Attend and participate in class.
- ___ Attend tutoring sessions on time and provide adequate notice to the DSSS office if unable to attend.
- ___ Be prepared for the tutoring session: bring lecture notes, textbooks, assignment, questions, and any other material pertinent to obtaining assistance.
- ___ Attempt to complete homework as much as possible prior to the session.
- ___ Notify the Tutor & Academic Coach of any issues related to the tutoring services provided by DSSS.
- ___ Notify the Tutor & Academic Coach of enrollment, course, or availability changes during the semester (I confirm that I am currently enrolled in the course for which I am requesting tutoring).
- ___ Meet with a DSSS advisor three times a semester to follow up on progress and create Student Success Plans (I confirm that I am a current DSSS participant).
- ___ Attend the next TRIO Conference and one workshop, campus visit, or event offered by either the DSSS program or another PPCC department.
- ___ Once assigned, respond to the tutor within two weeks.
- ___ Acknowledge that I am currently limited to 2 hours per week of tutoring due to availability.
- ___ Acknowledge that the tutor is **not to perform any work for me**. The tutor's responsibility is to assist me in the learning process.
- ___ **Acknowledge that I am not guaranteed tutoring services.** Tutoring services are assigned based on available resources and needs at the time of the request. Any changes to this request can delay or impede availability of services.

By signing this document, I agree to allow DSSS to release the information on this form to a tutor as well as my instructor. I also agree to abide by this Student Tutoring Agreement. If I do not, I understand that tutoring may be revoked.

Student Signature: _____ Date: _____

Disabled Student Support Services – For Office Use Only

Date: _____ Time: _____ Request Approved: Y / N Appx. Start Date: _____

Course: _____ Instructor: _____ Tutor Assigned: _____ N/A

Notes: _____