

Albright
Academic Learning Center
Tutoring Session Summary Form

Tutor: This form must be completed for each tutoring session and returned to the Academic Learning Center with your time sheet EVERY TWO WEEKS.

Student: Please sign this form after your tutor has completed it.

TUTOR INFORMATION (Please Print)

Name: _____ Date: _____

Session Format (circle one): Individual Office Hours Study group

STUDENT INFORMATION (Please Print)

Name: _____ Class Year: _____ Concentration: _____

Course Title (ex: Calculus I): _____

Instructor: _____ Course Number (ex: Mat 107): _____

Location of Session: _____ Session Start Time: _____ End Time: _____

SUMMARY OF TUTORING SESSION

Initial reason for Tutor: _____

Main topic(s) covered today: _____

SIGNATURES

Tutor: _____ Student: _____

Next Appointment Date (Ex.: Th. 10/6 @ 2pm or No Follow up): _____

(If no follow up, please contact the Tutor Coordinator so you can be reassigned if necessary.)