



ONE on ONE LEARNING AT HOME



Tutor Application

Welcome to our Offices !!

NAME: _____

DATE _____

How did you hear about us? _____

What do you know about Tutor Doctor? _____

Why do you want to be a tutor? _____

Tell me your 5 best qualities;

Check the age groups you have actual tutoring/teaching experience with:

Preschool	_____
Primary (Grade 1-3)	_____
Intermediate (Grade 4-6)	_____
Senior (Grade 7 - 8)	_____
High School (Grade 9-10)	_____
High School (Grade 11-12)	_____
College Programs	_____
University Programs	_____
Adult Classes/Courses	_____

Check the age groups you are most comfortable working with:

Preschool	_____
Primary (Grade 1-3)	_____
Intermediate (Grade 4-6)	_____
Senior (Grade 7 - 8)	_____
High School (Grade 9-10)	_____
High School (Grade 11-12)	_____
College Programs	_____
University Programs	_____
Adult Classes/Courses	_____

Education

Do you have your High School Diploma?	YES	NO	Done within Rhode Island?	YES	NO
Do you have your Bachelor's Degree?	YES	NO	Done within Rhode Island?	YES	NO
Do you have your Master's Degree?	YES	NO	Done within Rhode Island?	YES	NO
Do you have your PHD?	YES	NO	Done within Rhode Island?	YES	NO
Do you have your ECE Certification?	YES	NO	Done within Rhode Island?	YES	NO
Do you have your Teacher's Diploma?	YES	NO	Done within Rhode Island?	YES	NO

Areas of Expertise

(Enter the subjects you feel comfortable in tutoring and the associated grade)

	SUBJECT	GRADE	QUALIFICATION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Are you a:

Leader	OR	Follower
Team Player	OR	Independent
Motivated person	OR	Need to be motivated
Morning Person	OR	Afternoon person

Do you feel you need self improvement? **YES** **NO**

If yes, what would you like to work on? _____

What was the last thing you did to self improve? _____

Think back to your last review. What suggestions did your supervisor have for improvement?

Have you received all immunizations as recommended by the Rhode Island State Health Department?

YES **NO**

Do you have any cognitive limitations that would prevent you from reading, writing, etc., with a student?

YES **NO**

Are you CPR certified? **YES** **NO**

If yes, when did you receive this certification? _____

Do you have your First Aid Certificate? **YES** **NO**

If yes, when did you receive this certification? _____

Do you have you full Federal criminal employment background check? **YES** **NO**

If yes, when did you last receive it? _____

Are you able to use a computer? **YES** **NO**

If yes, what platform(s) are you comfortable with? _____
(i.e. PC, Mac, Linux)

Personal Information

What city do you live in? _____ Zip Code _____

What cities are you willing to tutor in?

Block Island	_____	Richmond	_____
Charlestown	_____	Saunderstown	_____
Exeter	_____	South Kingstown	_____
Hopkinton	_____	Wakefield	_____
Narragansett	_____	Westerly	_____
North Kingstown	_____	Others:	_____

Scenarios: Please answer how you would handle these situations.

- 3) Your student seems disinterested and not motivated. How would you deal with this situation?

References:

Is there any additional information you would like us to know about that may help you obtain this opportunity? Please feel free to write on the following page.

