Brain Boost Tutoring

Learner Needs Survey

- ➔ Learner Name: _____
- ➔ What is the grade of your learner? (Past year or will be in) _____
- ➔ What subject(s) will your learner need in their session? (Circle choice)
  MATH READING WRITING ALL
- ➔ How long would you like your session? (Circle choice)
  60 MIN 90 MIN
- ➔ How would you like your learner to receive their sessions? (Circle choice)
  IN HOME OTHER LOCATION(List on back) VIDEO CALL
- ➔ Does your learner have reliable internet connection when you are not home?
  YES NO
- ➔ Do you have a way to print materials for your learner?
  YES NO
- ➔ Are you willing to receive materials via Docs, email, etc.?
  YES NO
- ➔ Would you be interested in booking multiple sessions at a discount?
  ** Info can be sent to you about this without obligation to do so.**
  YES NO
- ➔ What were your learner's struggles/frustrations?

- ➔ What is something that motivates your learner?