



The Scholars' Academy

An Accelerated College Preparatory School for Grades 6-12

27Q323, A Teaching and Learning Organization

Technology Today, Smarter Tomorrow: Removing Time and Place from Teaching and Learning

320 Beach 104 Street, Rockaway Park, NY 11694

www.schools.nyc.gov/schoolportals/27/Q323

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Principal

Brian O'Connell

Assistant Principals

Math/Arts: Michele Smyth

Humanities/Foreign Language: Toni Marie Sorrentino

Science/Technology/Safety: Scott Milczewski, IA

Date: _____

Subjects I need tutoring for:

Dear _____ class _____:

RE: AFTER SCHOOL PEER TUTORING PROGRAM - TUTOREES

If you are receiving this letter then you either requested to receive peer tutoring after school or you have been identified by one or more of your teachers as needing additional academic support. The Peer Tutoring program takes place on:

Date: Mondays, Tuesdays, Wednesdays, Thursdays

Time: 2:50 - 3:40 pm

Place: Scholars' Academy - room (TBA)

Supervisor: Ms. Rozman, School Counselor

If you are interested in taking advantage of this opportunity and would like to receive peer tutoring, please sign below and indicate which day/days are preferable. Also, please read and sign the agreement along with your parent/guardian:

By signing below, along with my parent/guardian, I am making a commitment to peer tutoring for the 2011-2012 school year (until my teacher(s) indicate that I have made significant improvements and tutoring is no longer necessary):

- ✓ I will be expected to attend peer tutoring every week on the day(s) that I am committing to (unless I am absent from school that day)
- ✓ If I plan to leave school early or I know that I will not be able to attend peer tutoring due to an after school commitment (ex. Doctor's appointment), I will inform Ms. Rozman via email at least 24 hours in advance (L.Rozman@scholarsnyc.com)
- ✓ I understand that if I do not attend peer tutoring and was not absent that day, nor did I inform Ms. Rozman 24 hours in advance, this will be treated as though I am cutting a class
- ✓ I will treat my tutor with respect, dignity, and patience
- ✓ I will maintain confidentiality of those students that are also in the peer tutoring program
- ✓ I will be prepared for peer tutoring each week by remembering to bring my books, notes, assignments, review sheets, tests, quizzes, or any other materials that will guide the tutoring session
- ✓ **Please note: Once you are paired with a tutor, you will receive a letter indicating where and when you will begin tutoring. Do not show up for peer tutoring until you receive that letter.**

Monday Tuesday Wednesday Thursday

(circle one or more days)

Student Signature

Date

____ Yes, I give permission for my child to participate in the peer tutoring program 1 or more times per week and will ensure that my child is either picked up at 3:40 pm or they will travel home on public transportation

Parent/Guardian Signature

Parent/ Guardian's Phone Number AND Email Address