



**Emily Carr Secondary School
Peer Assisted Learning Support
P.A.L.S.
Student Tutoring Request Form**

Name: _____ **Grade:** _____ **Date:** _____

Our ECSS Peer Assisted Learning Support Program provides students with a peer tutor that will provide academic support in a specific subject area(s). Support may include reviewing and/or clarifying notes, assisting with test preparation, providing and working through practice questions, or clarifying assignments. P.A.L.S. is available on Mondays and Wednesdays and students are required to commit to a minimum of **ONE** session per week for the semester - either Mondays or Wednesdays.

I would like to be supported in the following subject(s): _____

Check the day(s) and time(s) you would like to be tutored.

- Mondays 11:00 a.m. - 11:30 a.m.
- Wednesdays 11:00 a.m. - 11:30 a.m.

Contact Information:

Home Telephone #: _____

Your Cell # (if you have one): _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

*Please return completed forms to the Student Success - room 102.

Important Note:

Teacher supervision will be provided during each tutoring session. Students are expected to adhere to YRDSB Information Technology Acceptable Use Agreement and follow the Caring and Safe Schools and School Code of Conduct.