



**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 which learning model applies to you at this time.

- ☐ I am attending school in-person this semester
- ☐ I am attending school remotely this semester (students will be supported virtually from one of the P.A.L.S. tutors)

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 this form to your Guidance Counsellor by email or place it in the drop box outside the Guidance Office.

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.