

San Pedro High School

1001 W. 15th Street
San Pedro Ca 90731



Tutoring Referral Form Date: _____

Student Name: _____

Teacher Referring: _____

Reason for Referral: _____

Class Subject: _____ Period _____

Problem Areas: (Bubble in any that apply)

Study Skills/ Test Prep Organization Communication

Writing Conventions Homework Completion

(Please specify any additional areas of concern or student's specific needs):

Current Grade in Class: _____

Optimal Outcome of Tutoring:

Student has been advised of this referral Yes _____ No _____

For Office Use Only

Parent Contact #: _____ Date Contacted: _____

**Please Put Referrals in Mr. Kurdyla's Box in the Main Office*