

**EXHIBIT C**

**CLIENT/STUDENT INTAKE FORM & AUTHORIZATION TO RELEASE**

<b>Student name:</b>	
Student DOB:	
Current grade:	
Subject(s) seeking help in	
Does your student have an IEP or 504?	
Current school and teacher	

<b>Primary Contact:</b>	<b>Secondary Contact:</b>
Address:	Address:
Home phone:	Home Phone:
Work phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Relationship to student:	Relationship to student:

**Emergency Contact:**

<b>Emergency Contact Name:</b>
Address:
Home phone:
Work phone:
Cell Phone:
Email:
Relationship to student:

**Additional Contacts Authorized to Pick Up and Drop Off Student:**

<b>Additional Contact 1:</b>	<b>Additional Contact 2:</b>
Address:	Address:
Home phone:	Home Phone:
Work phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Relationship to student:	Relationship to student:

<b>Additional Contact 3:</b>	<b>Additional Contact 4:</b>
Address:	Address:

Home phone:	Home Phone:
Work phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Relationship to student:	Relationship to student:

### **Authorization to Release Student:**

For students over the age of ten (10) years old: In the alternative to a parent, guardian, primary contact, secondary contact, or other approved contact picking up my Student, I \_\_\_\_\_ (Client), authorize my Student, \_\_\_\_\_, to be released by Tutor from any tutoring service at the end of said tutoring session and without being released to a parent, guardian, primary contact, secondary contact, or other approved contact. By agreeing to this provision, I agree that my Student is capable, knowledgeable, and comfortable being released from a session without a guardian, parent, or other adult contact present. I agree to indemnify and hold harmless Tutor from any obligations, claims, and/or causes of action related to any injuries or damages that result from Student's release from any tutoring session and without Student being released to the care of a parent, guardian, or approved contact.

\_\_\_\_\_  
(Client)                      \_\_\_\_\_  
(Date)

### **Intake Questions**

#### **Parents and/or Guardian:**

What is the best place to meet for tutoring sessions? Please circle.

- Durango Public Library Children's Area
- Smiley Building - Cafe area upstairs or downstairs
- Your non-smoking home with a quiet main room and a parent or guardian present.

Please tell me why you are seeking tutoring services for your student.

Tell me about your family and your student.

Do you have any behavior and academic expectations for the teacher/tutor and your student?

Student:

How can a teacher/tutor help you?

Tell me about you and your family.

What subjects do you like to read about?

What subjects do you not like?

How do you like to receive information? Common ways are through watching, listening, or reading.

How do you like to receive feedback?