



LEARNING ASSISTANCE CENTERS
“HELPING STUDENTS LEARN HOW TO LEARN”

TUTEE CONTRACT

*Along with a faculty or counselor referral or faculty provided skills assessment all students must complete this form and register **before** the first tutoring session. The duplicate copy is retained by the student.*

I, _____, understand that by receiving tutoring as a class through the Learning Assistance Center (LAC), the focus is on learning; therefore, I accept certain responsibilities, including

- a. continuing enrollment, attendance and participation in each class for which tutoring is requested;
- b. calling the LAC Office ahead of time if I will be late or unable to keep an appointment; Phone (IWV-760-384-6161), (KRV-760-_____) , (ESCC-760-_____).
- c. being an active learner by coming prepared to tutoring sessions with syllabus, text, attempted work, written questions and by demonstrating a willingness to work on and critique my own study skills;
- d. maintaining the proper study atmosphere at the Learning Center at all times including placing my cell phone on silent mode;
- e. articulating or explaining what I have learned to my tutor;
- f. planning sufficient study time- approximately Two (2) hours for everyone (1) hour in class;
- g. asking for additional help from faculty and staff if I need it;
- h. Sign the appropriate documentation each time I receive tutoring.
- i. notifying the LAC personnel if I dropped the class and/or no longer need a tutor;

*I recognize the policies increase my chance of success and help the campus use time and tax dollars wisely.

*I understand my peer tutor is paid only when I show up for my appointment.

*I understand I must enroll in INST C004-Supervised Tutoring, a non-credit class to receive the **FREE** tutoring services. Once enrolled, there is no need to drop.

* I understand drop-in tutoring service is limited to two (2) times, then enrollment is required.

*I understand that **I may be suspended from the tutoring program if I am LATE or miss TWO tutoring appointments without giving advance notice of one hour to my tutor or the LAC staff.** Tutoring may be suspended immediately or at a later date if a student comes unprepared to a session(s).

(Student Signature)

(Date)

(LAC Employee Signature)

(Date)



TUTOR NAME _____

MONTH/ YEAR: _____

**CERRO COSO COMMUNITY COLLEGE
LEARNING ASSISTANCE CENTER
TUTORING VOUCHER**

TUTEE NAME: _____

SUBJECT: _____

Tutee Information (please sign of initial legibly)	Date/ No Show	Time In	Time Out	Total Hours	Office Use
Signature: _____					
Signature: _____					
Signature: _____					
Signature: _____					
Signature: _____					
Signature: _____					
Signature: _____					
Signature: _____					