



# Inspiring Minds Tutoring Questionnaire

1. Child's Name: \_\_\_\_\_

2. Year level: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Please provide details of the areas of concern and any specific learning goals you have:

---

---

---

---

---

---

---

---

5. Is there any other information you would like to share about your child and their learning:

---

---

---

---

---

6. List some of your child's strengths:

---

---

7. List some of your child's interests:

---

---

8. How does your child typically respond when they find a task difficult?

---

---

9. List any strategies that you or your child's teacher use to assist or motivate them with their learning:

---

---

10. Learning area to focus on: LITERACY or NUMERACY (please circle one)

11. Please select availability in order of preference 1-6: (if unavailable for a session please write N/A)

Monday 4.30-5.15pm \_\_\_\_\_ Monday 5.30-6.15pm \_\_\_\_\_

Wednesday 4.30-5.15pm \_\_\_\_\_ Wednesday 5.30-6.15pm \_\_\_\_\_

Thursday 4.30-5.15pm \_\_\_\_\_ Thursday 5.30-6.15pm \_\_\_\_\_

12. Parent/Guardian's Name: \_\_\_\_\_

13. Contact Number: \_\_\_\_\_

14. Second Emergency Contact Name: \_\_\_\_\_

15. Second Emergency Contact Number: \_\_\_\_\_

16. Email Address: \_\_\_\_\_

17. Does your child have any medical conditions and/or additional needs (e.g. asthma, epilepsy, diabetes, hearing, vision, physical abilities etc?) If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

18. Does your child have any additional learning needs or receive funding to support their learning?

If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

19. What is your child's favourite subject at school?

\_\_\_\_\_

20. Please include your child's latest marks on their report so we know where they are at. Feel free to email a copy of their latest report or learning goals to [info@inspiringmindsstudio.com.au](mailto:info@inspiringmindsstudio.com.au)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_