Learning Center – Group Session Report and Information

Group Information

Course Title and Number:_____

Today's Date:_____Time In:_____

Instructor:_____

May we contact your professor about this group? (For example, to get copies of course materials or to discuss your progress): no ☐ yes ☐

Do you require the assistance of a tutor to act as Group Leader or to help with course material? no ☐ yes ☐

Do you plan on meeting on a weekly basis: no ☐ yes ☐ If "NO", how often do you plan to meet and for how long?_____

_____

If you are willing to participate in an email survey about the quality of your experience today, please share your email address here:

_____

Goals and Objectives

What is the purpose of this group?

Preferred Meeting Time:

Preferred Tutor (If Any):

Tutor Notes

Tutor:_____Time Out:_____

Remarks:

Sign-In **Date**

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