Robin Starck
YTY Coordinator
Youth Tutoring Youth Program

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SHEBOYGAN
AREA SCHOOL DISTRICT
Learning Today. Leading Tomorrow.

Dear Parent / Guardian;

Your son or daughter has expressed an interest in the Sheboygan Area School District Youth Tutoring Youth Program. Youth Tutoring Youth is an elective class offered to students in grades 10-12 at North High School, South High School, Central High School, IDEAS High School, George D. Warriner High School and Tower Academy. Students have the opportunity to serve as tutors in classrooms in public, private and parochial pre-schools, elementary schools, middle schools, and high schools obtaining one-half elective credit per hour served. Permission to participate is obtained through the high school guidance counselor, the YTY coordinator, and you the parent or guardian.

Transportation to the school is the tutor's responsibility and could include walking, driving, or riding the bus. Parents should know that students driving their own car must **not** have passengers without written permission.

If your son or daughter has permission to participate in the program, please sign the permission slip below. For any additional questions, I can be reached at the following location:

Alternative Programs 459-3329 or rstarck@sheboygan.k12.wi.us

Sincerely,

Mr. Robin Starck
Youth Tutoring Youth Program Coordinator

_____

I give permission for my son/daughter _____
to participate and travel in the Youth Tutoring Youth Program.

_____   _____
                Signature   Date

SHEBOYGAN AREA SCHOOL DISTRICT
YOUTH TUTORING YOUTH APPLICATION

Date of application: _____

Name _____ Birthdate _____
           Last   First   Middle

Address _____ Zip _____ Home Phone _____

Email Address _____ Cell Phone _____

Best way to contact you (*circle one*):   cell phone   email   home phone

High School _____ Grade _____ Age _____ Guidance Counselor_____

Father's Name _____ Occupation _____

Address (if different from your own) _____ Place of Employment_____

Mother's Name _____ Occupation _____

Address (if different from your own) _____ Place of Employment_____

I. (*Information*)   How did you hear about the YTY program?

_____

_____

II. (*Preferences*)   In what grade would you prefer to tutor? (circle one): 4K K 1 2 3 4 5 Middle

    In what school would you prefer to tutor? _____

    With which teacher(s) would you prefer to tutor?_____

III. (*Skills*)   Do you speak any language other than English? (If so, please state): _____

    List any skills/hobbies that may be of help in a classroom. _____

IV. (*Transportation*) Could you provide your own transportation to the school you are assigned? _____

YOUTH TUTORING YOUTH (YTY)

(Resume' or CV)

Name _____

  Last   First   Middle

I. (*Objective*) Why do you want to tutor?

_____

_____

II. (*Experience*) Have you had any experience in working with children? Please explain.

_____

_____

III. (*Job Experience*) Have you ever worked or are you currently employed? Please indicate where.

_____

_____

IV. (*Interests*) What do you like to do in your spare time?

_____

_____

V. (*Career Plans*) What do you see as your future plans after high school graduation?

_____

_____

General High School Attendance (circle one)   Excellent   Average   Poor

General High School Grade Average (circle one)   A   B   C   D   F

Two References – Both should be a principal, counselor, or teacher at North, South, Central, IDEAS, Warriner, Tower or other individual outside of family. Please have each write one comment in support of you being in the YTY program. They should sign his/her name and their title or relationship to you.

1st Reference: *comment:* _____

_____

Signature: _____   *relationship to student:* _____

2nd Reference: *comment:* _____

_____

Signature: _____   *relationship to student:* _____