



**I.T.A.S. Tutor Work Program.**

This form is to be completed and returned to the I.T.A.S. Coordinator, Institute of Koorie Education, **within two weeks** of the commencement of tutoring or semester.  
**One form per unit per student.**

Tutor's name: \_\_\_\_\_ Staff Number: \_\_\_\_\_

Student's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Unit Code:(one only) \_\_\_\_\_ Semester: \_\_\_\_\_

Unit Title:(one only) \_\_\_\_\_

What are the goals and strategies of the tutorial program for this unit?  
Long-term goals/overview:

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Strategies to achieve long-term goals:

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Short-term goals/specifics:

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Strategies to deal with short-term goals:

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Tutor Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_