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) ______________________ Trimester:  1  2  3

Unit Title: (one only) ______________________

What are the goals and strategies of the tutorial program for this unit?

Long-term goals/overview:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Strategies to achieve long-term goals:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Short-term goals/specifics:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Strategies to deal with short-term goals:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Tutor Signature: ___________________________ Date:  /  /  

Student Signature: ___________________________ Date:  /  /  