

**South Carolina Department of Social Services  
Independent Living Program  
TUTORING REQUEST AND PROGRESS REPORT**

Date: \_\_\_\_\_ County of Origin: \_\_\_\_\_  
Caseworker's Name: \_\_\_\_\_ Name of Youth: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Youth's Age: \_\_\_\_\_  
Tutor's Name: \_\_\_\_\_ Name of Program or Agency, if applicable: \_\_\_\_\_

I. Please specify the starting and ending dates of service.

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

II. Please specify the frequency and duration of the tutoring service to be provided.

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

III. Please describe the weaknesses that the youth is experiencing for the subject(s) to be tutored.

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

IV. Please list the goals to be accomplished in the tutoring sessions.

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

V. Please indicate the progress that is being made in the achievement of the above listed goals.

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\_\_\_\_\_