Peer Tutoring Program
Clarkstown Central School District
62 Old Middletown Road
New City, NY 10956
Phone:845-639-6507
mchamberlain@ccsd.edu

Thank you for contacting us for peer tutoring services. Our peer tutors are students who are interested in helping other students. They come with excellent references as well.

We do not provide peer tutoring services in the home. Locations for tutoring should be in a public space such as the local library, a school library, or in the Homework Center.

Being high school students themselves, our peer tutors are instructed to not accept any offer of transportation by anyone other than their parents. Many of our peer tutors drive themselves as well.

Once we provide suggested tutors. **You may contact the Peer Tutors to begin to set up meeting locations and times**. Meeting times and location may be changes only by mutual consent. From time to time you or your peer tutor may find it necessary to cancel or reschedule a session for emergency situations, dangerous weather conditions, holidays, school closures, or a special event that occurs. In this case, peer tutors are instructors to notify you within a reasonable amount of time. We ask that you do the same.

Peer tutors should be paid minimally at the rate of $15.00 per hour. The number of hours per week can be discussed between you and your tutor. Should you have any questions about the peer tutoring program in the Clarkstown School District, or wish to discuss any concerns, please feel free to call the Coordinator, me at 845-639-6507 or email me at mchamberlain@ccsd.edu.

Tutoring Request Form

Parent Name:_____   Date:_____

Email address where I can send you names of peer tutors:

_____

Contact #'s:

Home: _____

Cell: _____

Work: _____

Student's Name:_____

Grade:_____

School:_____

Subjects to be tutored:_____

_____

_____

I approve having a potential Peer Tutor contact me for peer tutoring purposes in addition to my receiving a list of names of potential peer tutors.

Please note that Peer Tutors may charge a $10 fee if a parental cancellation occurs with less than a 24 hour notice.

Please initial: _____