



ACADEMIC SUPPORT PROGRAM FOR STUDENT-ATHLETES

# THE UNIVERSITY OF NORTH CAROLINA

ASPSA TUTOR FEEDBACK FORM

<b>Student Name:</b>		<b>Subject:</b>	
<b>Tutor Name:</b>		<b>Counselor Name:</b>	
<b>Date:</b>		<b>Time:</b>	

### DID THE STUDENT....

Arrive on time? (within the first 5 minutes)     Yes     No (>5 min)     NO SHOW

Being all necessary books and materials?     Yes     No

<b>SESSION GOALS:</b>
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<b>TOPICS DISCUSSED:</b>
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<b>ADDITIONAL COMMENTS:</b>
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