



**WARAWARA**  
**Department of Indigenous Studies**

**INDIGENOUS TUTORIAL ASSISTANCE SCHEME**

**MENTOR/TUTOR WORK PROGRAM**

This form is to be completed and returned to the ITAS Coordinator/ Officer within two weeks of the commencement of tutoring. This form must be signed and agreed upon by Mentor and student

**1. MENTOR/TUTOR DETAILS**

Name:

**2. STUDENT DETAILS - Give full name of the student you are mentoring/tutoring**

Name:

**3. LIST THE STUDENT'S EDUCATIONAL NEEDS AS IDENTIFIED BY THE STUDENT IN THE ITAS APPLICATION FORM.**


**4. WHAT ARE THE GOALS AND STRATEGIES FOR THE TUTORIAL PROGRAM?**

<b>List the Long Term Goals</b>	<b>Strategies to Meet These Goals</b>
<b>List the Short Term Goals</b>	<b>Strategies to Meet These Goals</b>

**STUDENT'S SIGNATURE** **DATE**

**MENTOR'S/TUTOR'S SIGNATURE** **DATE**

**WARAWARA – DEPARTMENT OF INDIGENOUS STUDIES COMMENTS**