



## Todd Martin Youth Leadership Classroom Connections Form (Teacher Communication)

Please provide us with any links you have to your child's teacher(s) regarding overall marking period, daily homework, quiz/test schedule, websites, etc. Access to this tracking information will ensure that we are successful in tutoring your child in the appropriate subject(s) and assisting in completing assignments.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_

### Individual Teachers

Teacher Name \_\_\_\_\_ Subject \_\_\_\_\_  
Teacher/Classroom Website \_\_\_\_\_  
Teacher Email \_\_\_\_\_

Teacher Name \_\_\_\_\_ Subject \_\_\_\_\_  
Teacher/Classroom Website \_\_\_\_\_  
Teacher Email \_\_\_\_\_

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Teacher/Classroom Website \_\_\_\_\_  
Teacher Email \_\_\_\_\_

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Teacher Email \_\_\_\_\_

Teacher Name \_\_\_\_\_ Subject \_\_\_\_\_  
Teacher/Classroom Website \_\_\_\_\_  
Teacher Email \_\_\_\_\_

Teacher Name \_\_\_\_\_ Subject \_\_\_\_\_  
Teacher/Classroom Website \_\_\_\_\_  
Teacher Email \_\_\_\_\_

### Teacher Communication

I give my permission for the Tutoring Coordinator with Todd Martin Youth Leadership to communicate with my child's teacher(s) for academic information. Circle one: YES NO

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_