

**Tutoring Questionnaire**

**Preparation for MFT Licensure Exam**

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Would you be so kind to fill out my questionnaire and sent it back to me, as it will save us some time when we meet*. I live in Washington State Pacific-Time-Zone.* Please check out my website for additional information (fees, payment installment options, etc).

**Please note that your information will remain confidential.**

**First and Last Name /Title (**ie. LMFTA, LPMFT): \_

**In what State and City do you live?**

**Contact Phone Number**:\_

**Email**: \_

**Is it okay to text you by phone?**  Yes\_ No\_

**Year Graduated**:\_

**SKYPE Name** (if Skyping, to be filled out later):\_

**How did you hear about my services?**

1. **Have you filled out the National MFT Request for Examination Form with the DOH?**
2. **Have you registered to take the exam?**

 If yes, what is your exam date \_

 If not, when do you plan to take the exam (which month/year) \_

 If undecided, please explain\_

1. **What is your history with the National MFT exam?**

 First time \_

 Repeating the exam\_ (Please attach a copy of your latest test score results)

1. **What is it that you need help with to prepare for the exam?**

\_\_\_\_ Organization

\_\_\_\_ I want to reduce test anxiety

\_\_\_\_ Major MFT Theories

\_\_\_\_ Practice Test Questions and Test- Taking Strategies

\_\_\_\_ Repeating the exam and I need help to raise my scores in with some of the Domains

\_\_\_\_ other, please explain: \_

1. **Describe your learning style:**
2. **Working Full-time/ Part-time?**
3. **What day/s, and the time of the day, that you are available to commit to tutoring?**
4. **Is there anything that I should be aware of that may hinder your studying? (i.e. learning disability, ADHD/ADD, major life event, Caretaker, time constraints, etc.) If yes, please explain.**