



Massachusetts Family Sign Language Program

Creating Connections and Fostering Communication

Tutor Profile

Thank you for your interest in becoming a Family Sign Language Program Tutor. Please fill out the information below and send it back to us as soon as possible.

Name _____ Today's Date _____

Address _____ City/State/Zip _____

Email address: _____

Cell #: (text) _____ VP#: _____

Have you worked for FSLP before? If so, when did you start working for FSLP?

Do you work for any other state, or county agency? (DMH, DMR, DPH, etc.) If yes, which one? (Information is important for our payroll department).

Have you had FSLP (or other related) training? (Please describe)

Which locations are you interested in working?

When are you available? (nights, weekends, days, etc).

If a family needs to cancel a class, how do you prefer they contact you?

The state requires all FSLP tutors pass a CORI background check. We will send you the necessary paperwork.