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**Tutoring Referral**

Tutoring #: \_\_\_\_\_\_\_\_\_\_\_\_\_ (office use only) Date:

Name of Youth being Referred:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: AGE: Gender:

GRADE:\_\_\_\_\_\_\_\_\_\_ SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISTRICT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person making referral: Relation to youth:

Agency affiliation (if appropriate)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information of referring party:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this youth have an active Dependency and Neglect Case?

Is or has this youth been served by a CASA (Court Appointed Special Advocate) from Advocates for Children? \_\_\_\_\_\_\_\_\_\_\_\_ or another CASA agency?\_\_\_\_\_\_\_\_\_\_\_

Does this youth have a Legacy Mentor?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there is no CASA or Legacy Mentor how did you hear about our tutoring program?

Please write a brief description about why you are referring this student for tutoring.

**Areas of Need. Please rate each item 1=highest need, 9= lowest need in light grey box and at above or below grade level in darker grey**

**1-9 At/Above/Below 1-9 At/Above/Below 1-9 At/Above/Below**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | ***Reading*** |  |  | ***Math*** |  |  | ***Homework***  |
|  |  | ***Writing*** |  |  | ***Science*** |  |  | ***Study Skills*** |
|  |  | ***Language Arts*** |  |  | ***Social Studies***  |  |  | ***GED Preparation*** |

Is the student currently on any specialized plans? (IEP, 504, Health, Behavior) If so, please indicate why they are on a plan.

What is the student’s first language?

Is there any other language spoken in the home or by the parents/guardians?

What is the youth’s current and past experience with school.

**Student Currently Lives With (Required):**

Name: Relationship:

Phone: Home: Cell:

Email (REQUIRED):

Address (REQUIRED):

City: State: Zip Code:

**Medical and Safety Risk (Required):**

Safety Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Concerns:

**Emergency Contact (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Pertinent Information To Best Facilitate a positive tutoring experience:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If any section is left blank, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please submit referral form to: Kim Diggs

Educational Liaison

Advocates For Children CASA

Kim\_Diggs@adv4children.org