Tutoring Referral

Arapahoe County

THTORING #.



ADVOCATES FOR CHILDREN

PROGRAM DESCRIPTION: Our Tutoring program is designed to work with school-aged children (1st through 12th graders) by assigning a volunteer tutor who works with the student for 60-90 minutes on a weekly basis. Tutors assist with homework, learning concepts, and reading through virtual and/or in person contact. Tutors are assigned to students for the duration of the school year with the option to continue working together if the Tutor and student agree to do so. Volunteer tutors have not received specialized training but are community members who are matched with students based on the youth's needs and the volunteer's ability to support them through their skill set or knowledge base.

NOTE: This is a voluntary program. Youth and legal guardians must consent to participating in the program and commit to working with a Mentor. Advocates for Children CASA will respect the wishes of the youth and family if they do not wish to participate.

(Office use only)

1010Kiit0 #.	_ (O))ice use only)			
PERSON MAKING REFERRAL:				
Name:		Date of Re	ferral:	
Relationship to Student:				
Phone:		l:		
	Please submit re CASAinArapahoe@			
STUDENT BEING REFERRED:				
Name:First			Last	
DOB:			☐ Male	☐ Female
RACE: American Indian or Alaska Nativ	ve			
☐ Asian ☐ Black or African American				
☐ Hispanic or Latino				
☐ Native Hawaiian/Pacific Islande	r			
☐ Two or More Races				
□ White				

MEDICAL AND SAFETY RIS				
☐ No Known Medical and	d Safety Concerns			
Safety Concerns (Type as	much detail as necesso	ary. Text will wrap):		
Allergies (Type as much de	etail as necessary. Tex	t will wrap):		
Medical Concerns (Type a	s much detail as neces	ssary. Text will wrap):		
EMERGENCY CONTACT (F	Required):			
Name:		Phone:		
Relationship to Youth:			_	
YOUTH'S LEGAL GUARDIA	AN:			
Name:		Phone	2:	
Relationship to Youth:		Email:		
Address:				
City:	County:	State:	Zip Code:	
PERSON WITH WHOM YO	OUTH CURRENTLY LIVE	E S (if different than Legal	' Guardian):	
			e:	
Relationship to Youth:		Email:		
Address:				
			Zip Code:	
Date of Placement (If app	licable):			
CURRENT CASES (if applied	cable):			
D&N Case Number:		County:		
JD Case Number:		County:		
Truancy Case Number:		County:		
CONTACT INFORMATION	FOR SUPPORT PROFE	ESSIONALS (Required if a	oplicable):	
D&N CASA:			_ Ph. #	

Email address: _____

					Ph.	#
Email add	dress:					
TRUANCY	/ CASA:				Ph.	#
Email add	dress:					
FOUNDATIONS MENTOR:				Ph.	#	
Email add	dress:					
LEGACY N	MENTOR:				Ph	. #
Email add	dress:					
OTHER SI	JPPORT:				Ph.	#
Email add	dress:					
		_	mber to each categ , or below grade lev		eed, 9=lo	owest need. Also
		Reading		Math		Homework
		Writing		Science		Study Skills
		Language		Social		GED
		Arts		Studies		Preparation
SCHOOL: DISTRICT Is the stu	: dent curren	ON:		504, Health, Beh	avior) If	so, please specify and
SCHOOL: DISTRICT Is the stu indicate v	dent curren why they are	tly on any spece	ialized plans? (IEP, . pe as much detail a	504, Health, Beh s necessary. Text	avior) If will wro	so, please specify and

ADDITIONAL INFORMATION: Is the student willing to work with a tutor remotely (Type as much detail as necessary. Text will wrap)?
Please write a brief description about why you are referring this student for tutoring (Type as much detail as necessary. Text will wrap):
How do you think a tutor could best support this student (Type as much detail as necessary. Text will wrap)?
INCOMPLETE SECTIONS: If any section is left blank, please explain (Type as much detail as necessary. Text will wrap):