## **Tutoring Referral**

Douglas, Elbert, & Lincoln Counties



ADVOCATES FOR CHILDREN

**PROGRAM DESCRIPTION:** Our Tutoring program is designed to work with school-aged children (1<sup>st</sup> through 12<sup>th</sup> 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.

TUTORING #:	_ (Office use only)				
PERSON MAKING REFERRAL:					
Name:		Date of Re	eferral:		
Relationship to Student:					
Phone:					
	Please submit referra CASAinDEL@adv4cl				
STUDENT BEING REFERRED:					
Name:			Last		
DOB:	Age:	Gender:	☐ Male	☐ Female	
RACE:  American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian/Pacific Islande Two or More Races White					

MEDICAL AND SAFETY RIS  ☐ No Known Medical and			
Safety Concerns (Type as n	nuch detail as necesso	ary. Text will wrap):	
Allergies (Type as much de	tail as necessary. Tex	t will wrap):	
Medical Concerns (Type as	much detail as neces	ssary. Text will wrap):	
EMERGENCY CONTACT (Re	equired):		
Name:		Phone:	
Relationship to Youth:			_
YOUTH'S LEGAL GUARDIA	.N:		
Name:		Phone	2:
Relationship to Youth:		Email:	
Address:			
City:	County:	State:	Zip Code:
PERSON WITH WHOM YO	UTH CURRENTLY LIVE	E <b>S</b> (if different than Leaal	Guardian):
			e:
Address:			
City:		State:	Zip Code:
Date of Placement (If appli	icable):		
CURRENT CASES (if applica	able):		
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:

JD CASA:						Ph. :	#	
Email add	lress:							
TRUANCY	′ CASA:					Ph. :	#	
Email add	lress:							
FOUNDA <sup>-</sup>	TIONS MENT	TOR:				Ph. #	<b>#</b>	
Email add	lress:							
LEGACY N	/IENTOR:					Ph.	#	
Email add	lress:							
OTHER SU	JPPORT:					Ph.	#	
Email add	lress:							
		ase assign a nu ent is at, above		_		need, 9=lo	west need.	. Also  Homework
		Reading Writing			Science			Study Skills
		Language Arts			Social Studies			GED Preparation
SCHOOL: DISTRICT: Is the stu	dent current	tly on any spec	cialized pla	ans? (IEP, 5	 04, Health, Be	havior) If s	-	specify and
What is the will wrap	)?	current and p	·					·
	GE INFORM							
If there is	another lan	guage spoken	at home	by the stud	ent or parents	, please lis	st what is s	poken:

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):