REQUEST FOR TUTORING SERVICES: SBCOE Foster Youth Service Coordinating Program and Homeless Education Project Access. After school tutorial service either online or in-person. Complete the form with the required information and return to: Victor Negrete vnegrete@sboce.org or Gwen Baquiran gbaquiran@sbcoe.org

Referral Date: _____ Initial Referral: Yes/No   Renewal Yes/No

Student Name: _____ Grade: _____   School:_____

Caregiver/Guardian:_____   Phone: _____

Address: _____   Email: _____

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Referral Contact Information: Name: _____ Phone: _____

Email: _____

Referral's role (circle the one that applies): Social Worker/Parent or Ed Rights Holder/Foster Parent/Teacher/Other

Other: _____

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Reason/s for referral (circle all that apply)

Failing Grades / Retention / Attendance / IEP goals not met / No Progress at school

Other reason not listed above: _____

Supplemental Educational Service/s (circle all that apply)

504 / IEP / Student Success Team (SST) / School Intervention / Afterschool Program

Other service/s not listed above: _____

Tutoring requestedforsubjectarea(s): ☐ *Reading* ☐ *Math* ☐ *Both Reading and Math*

Required Documents: If the student has IEP or 504,please attach a recent copy of the IEP/504 accommodations. Please be sure to include with this request a copy of the student's most recent progress report or other school information that would indicate the area(s) of need.

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For SBCOE ONLY:

Reviewed by SBCOE Ed Services Administrator :_____Date: _____

STUDENT APPROVED TO RECEIVE SERVICES: ☐ Yes ☐ No

Number of hours approved: 10 hours _____ 15 hours _____ 20 hours _____

If approved, please indicate name & contact information of tutor assigned:

_____

If student was not approved to receive services at this time, please indicate the reason:_____

Student to be placed on waiting list: ☐ Yes ☐ No

Removed from waiting list date:_____   Date: _____