



FOSTER YOUTH SERVICES TUTORING REFERRAL 2015-2016 School Year

Based on funding, tutoring services may end prior to 6/30/16

Youth Eligible for Services:

Youth ages 4-21 with an open DCFS Court Case and living in a:

- Licensed Children's Institution (group home)
Foster Family Agency Certified Home
Licensed Foster Family Home
Court-Specified Homes
Must Live Within LA County Boundaries

Youth NOT Eligible for Services:

- Living with Parents
Living with Relatives and/or Extended Family Members
Living with Finalized Adoptive Parents Through Adoption and Safe Families Act (ASFA)
Living Outside LA County Boundaries

Youth may receive up to 40 hours based on funding availability. Please note this referral is valid for this school year only.

Section I - Student Information

Form with fields for: NAME OF STUDENT, GENDER, DATE OF BIRTH, AGE, ETHNICITY, PRIMARY LANGUAGE, SCHOOL CURRENTLY ATTENDING, SCHOOL DISTRICT, GRADE, TYPE OF CURRENT PLACEMENT, GROUP HOME/AGENCY, NAME OF CAREGIVER, CAREGIVER'S TELEPHONE NUMBER, ALTERNATE PHONE NUMBER, CAREGIVER ADDRESS, CAREGIVER'S E-MAIL ADDRESS, Student has an IEP, Spanish Speaking Tutor Required, Is student currently receiving tutoring services, TYPE OF TUTORING SOUGHT, Literacy Skills, Science/Class, Math, CAHSEE Prep, GED Prep, Other.

Section II - To Be Completed by Referrer

- 1. Please indicate the date the student agreed to receiving tutoring.
2. Please indicate the date the caregiver was informed of this referral.

### Section III - To Be Completed by Referrer

REFERRER NAME		TITLE/RELATIONSHIP	
PLEASE CHECK ONE			
<input type="checkbox"/> DCFS CSW		<input type="checkbox"/> Probation Officer	<input type="checkbox"/> Other _____
TELEPHONE NUMBER (     )	FAX NUMBER (     )	E-MAIL ADDRESS	
<b>YOU MUST COMPLETE THIS SECTION IF YOU ARE NOT THE DCFS CSW OR PROBATION OFFICER</b>			
DCFS CSW/PROBATION OFFICER NAME	TELEPHONE NUMBER (     )	E-MAIL ADDRESS	
Please tell us why the student is being referred for tutoring services.			
<input type="checkbox"/> Behind in grade level work	<input type="checkbox"/> Has not passed CAHSEE	<input type="checkbox"/> School behavior problems (ie. suspensions/expulsions)	
<input type="checkbox"/> Low motivation/self-esteem	<input type="checkbox"/> Multiple placements	<input type="checkbox"/> Lack of school attendance	
<input type="checkbox"/> Other (specify): _____			
I certify that the information contained on this form is true and correct. In the event of the youth's relocation; I understand that I must notify FYS and/or the tutoring agency to facilitate continuation of services. I understand that in order for the youth to receive in-home services, <b>an authorized adult must be present at all times.</b>			
_____		_____	
Signature of Referrer		Date	

### Referral Submission

You may submit this referral electronically at [www.lacoe.edu/tutoringreferral](http://www.lacoe.edu/tutoringreferral) or via email or fax at FYS\_Tutoring@lacoe.edu • (562) 922-6781. **Incomplete referrals will not be processed.**

### Questions

Please call the FYS Office at (562) 922-6469 or (562) 940-1684 for questions or concerns about LACOE-FYS tutoring.

### LACOE-FYS APPROVAL

LACOE-FYS DECISION			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Referred to FYS Counselor	<input type="checkbox"/> Referred to Other Resources
DATE REFERRAL RECEIVED	DATE REFERRAL FORWARDED TO TUTORING AGENCY	NAME OF TUTORING AGENCY	DATE REFERRED TO OTHER RESOURCES
COMMENTS			
_____			
_____			
_____			