



TUTORING SERVICES APPLICATION / REFERRAL

Eligibility

Youth, ages 10-18, residing in a licensed children's institution (group home), foster family agency certified home, licensed foster family home, and court-specified home in the County of Los Angeles. Youth living with parents, relatives and extended family members including ASFA (Adoption and Safe Families Act) approved homes are not eligible for these services.

Section I - Student Information

Form with fields for: NAME OF STUDENT, GENDER, DATE OF BIRTH, AGE, ETHNICITY, PRIMARY LANGUAGE, SCHOOL CURRENTLY ATTENDING, DATE OF ENROLLMENT, SCHOOL DISTRICT, GRADE, DCFS SOCIAL WORKER/PROBATION OFFICER NAME, TELEPHONE NUMBER, FAX NUMBER, E-MAIL ADDRESS, CASE NO., TYPE OF CURRENT PLACEMENT, DATE OF ENTRY INTO CURRENT PLACEMENT, NAME OF CAREGIVER, CAREGIVER'S TELEPHONE NUMBER, GROUP HOME/AGENCY, CAREGIVER ADDRESS, IEP, Special Education Needs, Is student currently receiving tutoring services, TYPE OF TUTORING SOUGHT.

Section II - To Be Completed by Referrer

Form with fields for: (IF NOT DCFS SOCIAL WORKER/PROBATION OFFICER) REFERRER NAME, TELEPHONE NUMBER, FAX NUMBER, E-MAIL ADDRESS, Please tell us why the student is referred for tutoring services. Includes checkboxes for: Behind in Grade Level Work, Has Not Passed CAHSEE, School Behavior Problems, History of Suspensions/Expulsions, Low Motivation/Self-Esteem, Multiple Placements, Other (Specify).

Section III - To Be Completed by Student

Please tell us: (1) Why you choose to enroll in tutoring program; and (2) If you are willing to commit to this program.

Do we have permission to contact your teacher about your progress?

Yes No Signature: _____

Section IV - Certification and Submission

I certify that the information contained on this form is true and correct. I understand that I must notify my child's tutoring agency to facilitate continuation of the services provided to my child, if my child has moved. I understand that in order for my child to receive in-home services, an authorized adult must be present *at all times*.

Caregiver Signature

Date

 DCFS Social Worker or Probation Officer Signature
(Check one)

Date

Application/Referral Submission

Please fax this application/referral and *the student's most recent school report card/progress report* to the FYS office at (323) 294-4505.

Questions

Please call the FYS office at (323) 294-9881 Ext. 22 for questions about the LACOE-FYS tutoring services.

LACOE-FYS APPROVAL

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| CHECKLIST <input type="checkbox"/> Student Information Completed <input type="checkbox"/> Referrer Section Completed <input type="checkbox"/> Student Section Completed <input type="checkbox"/> Signatures Affixed <input type="checkbox"/> Report Card/Progress Report Submitted | 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 | DATE REFERRED TO FYS COUNSELOR | DATE REFERRED TO OTHER RESOURCES |
| | COMMENTS | | | |