



Tutoring Referral Form

Child's Name: _____ Home Phone: _____

Caregiver's Name: _____ Work: _____

Address: _____ County: _____ Cell: _____

Can child be tutored at home? YES ___ NO ___ (A parent/guardian must be present.)

If no, can transportation be arranged to another setting for tutoring? YES ___ NO ___

Child's Date of Birth: _____ Age: _____ Grade: _____ Child's School: _____ Teacher: _____

Is child fluent with the English language? YES ___ NO ___ If NO, what is primary language? _____

Is there a Guardian Ad Litem appointed for this child? YES ___ NO ___ GAL Name: _____

Subjects child needs tutoring in: READING ___ MATH ___ LANGUAGE ARTS ___ OTHER ___

Is child working below grade level in area subject? YES ___ NO ___ Is the child ESE? YES ___ NO ___

Case Manager Name: _____ Phone: _____ Cell: _____

Email Address: _____ Fax: _____

Case Manager Agency :(i.e. CHFS.) _____

Office Use Only

Request Received: _____ Tutor Assigned: _____

Approved by: _____ Date Approved: _____

FAX, EMAIL or MAIL REFERRAL TO:

The Foster Care Council
2121 Richmond Rd Suite 105
239.248.7699

Email: cassie@thefostercarecouncil.com

The Foster Care Council is a 501 (c) 3 non-profit organization