

**McKinney-Vento Homeless Education
Referral and One-on-One Tutoring Plan**

DISTRICT INFORMATION

| | | |
|---------------------------------|-------------------------------|--------|
| DATE | HOMELESS LIAISON | |
| SCHOOL DISTRICT NAME AND NUMBER | SCHOOL NAME | |
| TEACHER(S) | TELEPHONE (Include Area Code) | E-MAIL |

STUDENT INFORMATION

| | | |
|---|--|-----------------|
| STUDENT NAME | GRADE | PARENT/GUARDIAN |
| ADDRESS (Street, City, State and Zip Code) (if available) | TELEPHONE (Include Area Code) (if available) | |

SERVICES NEEDED

TEACHER/GUIDANCE RECOMMENDATIONS (Attach any assessments completed regarding student)

SUBJECT AREAS NEEDING ATTENTION

CURRENT LEARNING LEVEL

TUTORING INFORMATION

| | | |
|------------------------|---------------------|-----------------------|
| NAME OF ASSIGNED TUTOR | TUTORING START DATE | NUMBER OF HOURS/WEEKS |
| TUTORING PLAN | | |

DATES OF ATTENDANCE

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TUTORING INFORMATION (continued)

TUTOR'S WEEKLY REPORT

TUTOR RECOMMENDATIONS

STRATEGIES FOR IMPROVEMENT

STUDENT PROGRESS REPORTING

- This student is not making improvement. A conference needs to be held.
- This student is making very slow improvement. Additional amount of time needed.
- This student is making moderate improvement.
- This student is making good improvement. Recommendations for continued tutoring are:

Signature of Tutor

Date

SUPPLIES/OTHER NEEDED FOR THIS STUDENT