



Illinois State Board of Education

100 North First Street, E-222
Springfield, Illinois 62777-0001

MCKINNEY-VENTO HOMELESS EDUCATION REFERRAL TO HOMELESS EDUCATION LIAISON

WELLNESS DEPARTMENT

DISTRICT INFORMATION

DATE	HOMELESS LIAISON	
SCHOOL DISTRICT NAME AND NUMBER	SCHOOL NAME	
TEACHER(S)	TELEPHONE (Include Area Code)	EMAIL

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
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TUTORING INFORMATION

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

DATES OF ATTENDANCE

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

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:

Digital or Original Signature of Tutor

Date

SUPPLIES/OTHER NEEDED FOR THIS STUDENT