

**ILLINOIS STATE BOARD OF EDUCATION
100 North First, E-230
Springfield, IL 62777-0001**

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

DISTRICT INFORMATION	
DATE	HOMELESS LIAISON
SCHOOL DISTRICT	
SCHOOL	
TEACHER(S)	
ADDRESS (City, State and Zip Code)	
TELEPHONE (Include Area Code)	E-MAIL

STUDENT INFORMATION	
STUDENT NAME	GRADE
HOME ADDRESS (City, State and Zip Code)	HOME TELEPHONE (Include Area Code)
PARENT(S) NAME(S)	PARENT(S) TELEPHONE (Include Area Code)

Teacher recommendations:

Subject areas needing attention: _____

Attach any assessments completed regarding this student. Current learning level: _____

TUTORING INFORMATION	
NAME OF TUTOR ASSIGNED:	
DATE TO BEGIN TUTORING	NUMBER OF HOURS/WEEK
Tutoring Plan:	
Dates of Attendance:	

Tutors Weekly Report:
Tutor Recommendations:
Strategies for Improvement
Date Student Progress Reported:

- 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:

<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <i>Signature of Tutor</i> <i>Date</i> </div>
Billing submitted for Tutoring is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
Supplies needed for this student are:
Other: