

**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