



# Illinois State Board of Education

100 North First Street, E-240  
Springfield, Illinois 62777-0001

## MCKINNEY-VENTO HOMELESS EDUCATION REFERRAL TO HOMELESS EDUCATION LIAISON

### ROE/ISC SERVICE CENTER DEPARTMENT

#### 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
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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**

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**TUTORING INFORMATION (continued)**

TUTOR'S WEEKLY REPORT

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TUTOR RECOMMENDATIONS

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STRATEGIES FOR IMPROVEMENT

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**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

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SUPPLIES/OTHER NEEDED FOR THIS STUDENT