



Illinois State Board of Education

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

MCKINNEY-VENTO HOMELESS EDUCATION REFERRAL TO HOMELESS EDUCATION LIAISON

REGULATORY SUPPORT AND WELLNESS DIVISION

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**

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