

Capitol Educational Support

"Empowering Communities... One Child At A Time"



820 H St. N.E., Suite 101, Washington, D.C. 20002
Office: 202-543-2393 Fax: 202-315-3746

Tutoring Referral

Personal Information

Youth's Name: _____ Date: _____
 Parents/Guardian Name: _____
 Relationship to Youth: Mother ____ Father ____ Other, Please specify: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Youth's Social Security Number: _____ Doctor _____
 Insurance Provider: _____ Policy Number: _____
 Date of Birth ____/____/____ Age: ____ Gender: Male ____ Female ____
 Race/Ethnicity: White: ____ African American: ____ Hispanic: ____ Asian: ____ Other: ____
 Name of School: _____ Grade: _____
 Emergency Contact Name & Number: _____ Phone Number: _____

Please list all members of youth's household:

| Name | Gender | Age | Relationship to Applicant |
|------|--------|-----|---------------------------|
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Referred by: _____
 Telephone Number: _____ Fax Number: _____

Youth is being referred for assistance in the following areas: (Please check all that apply)

| | | | | | | | |
|--------------------------|-----------------|--------------------------|-------------------|--------------------------|---------------|--------------------------|---------------------|
| <input type="checkbox"/> | Academic Issues | <input type="checkbox"/> | Behavioral Issues | <input type="checkbox"/> | Delinquency | <input type="checkbox"/> | Vocational Training |
| <input type="checkbox"/> | Self-Esteem | <input type="checkbox"/> | Study Habits | <input type="checkbox"/> | Social Skills | <input type="checkbox"/> | Peer Relationships |
| <input type="checkbox"/> | Family Issues | <input type="checkbox"/> | Special Needs | <input type="checkbox"/> | Attitude | <input type="checkbox"/> | |

Other academic issues (attendance, discipline problems, etc) _____

Grade Point Average / Recent Test Scores: _____
 If youth is currently on probation, what is his/her charge? _____

Provide a description of events leading to youth being charged? _____

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Why do you feel this youth might benefit from a tutor? _____

What particular interests, either in school or out, do you know of that the youth has?

What strategies/learning models might be effective for a tutor working with this youth?

On a scale of 1-10 (10 being highest) rate the student's level of

___ Academic performance

___ Social Skills

___ Self-esteem

___ Family Support

___ Communication skills

___ Attitude about school/education

___ Peer relations

With what specific subjects, if any, does the youth need assistance?

Other obligations (employment, family, counseling, counseling, substance abuse therapy, religious, etc.): _____

Additional comments:
