



**Study Friends
Student Referral Information**

THIS IS A: (check one or both)

- Study Friends 1-to-1 match referral** **Algebra Tutorial referral**

Date: _____ School: _____

Student Name: _____

Grade: _____ First Language: _____

Birth Date: _____ Reading Level (approx.): _____

Physical Address: _____

Mailing Address: _____

Parent/ Guardian A Name: _____

Parent/Guardian B Name: _____

Home Phone #: _____ Cell Phone # (if avail.): _____

Email Address (if avail.): _____

Emergency Name and Contact Phone Number: _____

Referring Teacher Name: _____

Referring Teacher Phone #: _____ Email: _____

Reason(s) for Referral:

Best Day and Time for Tutoring:

	MON.	TUES.	WED.	THURS.	FRI.

LOCATION (circle one): **BCMS** **HPS** **Avon Library** **Vail Library**

Is this student enrolled in another program? (Circle all that apply)

Buddies **SOS** **Youth Foundation** **Walking Mountain/ GRNSS**

Questions or to return this form contact: Sloan Munter, Study Friends Coordinator
sloantheliteracyproject@evld.org Phone-949.5026 Fax- 949-0233



Read Well Speak Well Live Well

PARENTS COMPLETE THIS PAGE!

Powerschool Release/ Permiso de acceso "PowerSchool"

I _____ parent/guardian of _____ grant permission to Eagle County Schools to release access passwords and logins for Power School grading information to The Literacy Project for my student. This information will be kept confidential and will be used only to support the student's academic success at school.

Yo _____ el padre/la madre o el/la guardián de _____ le da permiso a Eagle County Schools para soltar contraseñas de acceso y logins de "PowerSchool" para informacion academica al Proyecto de Alfabetización para mi estudiante. Esta información se guardará confidencial y sólo se usará para apoyar el éxito académico del estudiante en la escuela.

Parent/ Guardian Signature/ Firma

Date/ fecha

PLEASE PROVIDE THE FOLLOWING INFORMATION:

ID Number/ Numero de identificacion:

Password/ Contraseña:

Family Educational Rights and Privacy Act (FERPA) RELEASE

I allow the Study Friends program staff to communicate with the faculty and staff of my student's school about my student for the purpose of obtaining information about his/her academic performance, study habits, classroom behavior, and attendance. I understand that I can revoke these rights at any time, and that this release is valid until the end of the 2015 ECSD school year.

Parent/ Guardian Signature

Date

Permiso de Ferpa (Los Derechos de la Familia Educativa y Acto Privado)

Permito al personal del programa de Amigos de Estudio comunicarse con la facultad y personal de los estudiantes de mi escuela acerca de mi estudiante con el propósito de obtener información de su progreso académico, hábitos de estudio, conducta en la clase y asistencia.

firma

fecha



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STUDY FRIENDS TUTORING PROGRAM - TEACHER REFERRAL FORM

Please return this form to your child's teacher or the school office

TOP SECTION MUST BE COMPLETED BY THE REFERRING TEACHER

Date: _____ Student Name: _____

School: _____ Grade: _____ Gender: M F

Referring Teacher's Name (Please Print): _____

Referring Teacher's Phone #: _____ Email: _____

Subject Area(s) for tutoring: _____

What grade does the student currently have in this subject area? _____

Please **COMPLETE** the evaluation form on the reverse of this page so we can evaluate the progress of the student after he/she receives tutoring.

Can the tutor contact you? YES NO Can you meet with the tutor and student? YES NO

Referring Teacher's Signature: _____

Parent's Name: _____ Cell Phone # _____

Mailing Address: _____ State ___ Zip Code _____

Home Phone #: _____ Email Address: _____

Student's Date of Birth: _____ Student's Ethnicity: _____ Student's 1st Language: _____

POWERSCHOOL ID: _____ POWERSCHOOL Password: _____

WHERE AND WHEN: Please let us know where you would be willing to come for tutoring (circle one):

Eagle or Avon or Gypsum Library
HPS or BCMS or EVMS or other

Please mark any times the student can meet	Mon	Tues	Wed	Thurs	Fri

MUST BE COMPLETED BY THE REFERRING TEACHER

Date: _____ Student Name: _____

Current Grade in Math: A B C D F

Current Grade in English: A B C D F

Current Grade in History: A B C D F

Current Grade in Science: A B C D F

How would you assess his/her current study skills?

0 1 2 3 4 5 6 7 8 9 10
Poor Excellent

How would you assess his/her classroom participation?

0 1 2 3 4 5 6 7 8 9 10
Poor Excellent

How would you assess his/her current attendance?

0 1 2 3 4 5 6 7 8 9 10
Poor Excellent

How would you assess his/her self-esteem?

0 1 2 3 4 5 6 7 8 9 10
Poor Excellent

Referring Teacher's Name (Please print): _____

Referring Teacher's Signature: _____