

TUTORING SERVICE REFERRAL FORM

Request for: Please Check One

<input type="checkbox"/> General Education Tutoring Services <input type="checkbox"/> Special Education Tutoring Services (IEP MUST be provided) <input type="checkbox"/> Both General Education and Special Education Tutoring Services

Referring Person Name:		Position:	District:	
Student's Name:		D.O.B.:	Date:	
Teacher:		Grade/Program:		
Name of School: Address:		Parent/Guardian Name: Address:		
Phone Number:	Email:	Home Number:		Email:
Fax Number:		Cellular Number:		

Reason for Referral

Remedial Support	Medical	School Avoidance	Discipline	Short Term	Long Term	Age:
						Grade Level:

Please Choose From the Following Menu of Services

Please note that districts will be charged up to 4 additional hours for all new cases taken on by the SEEM Collaborative

Service Provided	Estimated Hours <small>Indicate per week, per month, or total</small>	Target Start Date	End Date	Member/ Non-Member Rates
<input type="checkbox"/> Tutoring Direct Service (explain):				\$72/hr / \$88/hr
<input type="checkbox"/> Consults (Team Meetings/Case Management)				\$93/hr / \$113/hr
<input type="checkbox"/> Online Education (4 week Minimum)				\$250/wk / \$310wk
	_____hrs/		Total Cost	

SEE REVERSE SIDE

Additional Student Specific Information

Please list the referral need, areas of concern or other important information.

Please applicable documents must be included
Prior to services beginning.

- Individual Education Plan (IEP)
- Medical Documentation
- Student Schedule

Special Education Director _____

TO BE COMPLETED BY SEEM ADMINISTRATOR

Date Received: _____

Tutor Assigned: _____

Date: ____/____/____

SEEM Administrator _____

***Please note that rates are subject to change with each fiscal year, July 1.
You will be notified in advance of any rate changes before they take effect.***