



Educational Tutorial Services  
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## Referral Form

**PLEASE FAX OR EMAIL FORM**

County: \_\_\_\_\_  
State: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Age of Student: \_\_\_\_\_  
Date of Birth: / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                                    Month      Day      Year  
SSN#: \_\_\_\_\_

Male/Female (circle one)

Race: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Teacher(s): \_\_\_\_\_  
Special Education or Resource? (YES / NO)

In State Custody? (YES / NO)

Parent/Guardian #1 \_\_\_\_\_ Relationship: \_\_\_\_\_  
Parent/Guardian #2 \_\_\_\_\_ Relationship: \_\_\_\_\_  
Parent/Guardian #3 \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County of Placement: \_\_\_\_\_

Alternate Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_  
Alternate Phone: (\_\_\_\_) \_\_\_\_\_



Academic problem synopsis:

Brief social history:

Any safety issues in the home that would preclude in-home tutoring?

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Service Begin Date: \_\_\_\_\_

Service End Date: \_\_\_\_\_

(We recommend a 90 period with reauthorization assessment scheduled at the end of that period for possible continuation)

Frequency: \_\_\_\_\_ hrs./week

(We recommend at least 4 hours per week for maximum effectiveness)

Rate; \$25/hour individual; \$15/hour for 5-10 children in group instruction at group home, community center, school or library

Total Amount Authorized: \$ \_\_\_\_\_

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Case Manager Name: \_\_\_\_\_

**Case Manager's Signature:** \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

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Supervisor's Name: \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Date Referral Approved: \_\_\_\_\_

