

Tutoring Service Request

Student Name: _____ **Date:** _____
First M Last
School Contact: _____ **Grade:** ____ **Birthdate:** _____
Attending School: _____ **School Phone:** _____
Parent/Guardian: _____ **Address:** _____
Parent Work Phone: _____ **Work Phone:** _____

PLEASE INCLUDE ATTACHMENT OR REQUEST WILL BE RETURNED

IEP/504 PLAN MUST BE ATTACHED FOR ALL REQUESTS

☐ **Copy of current IEP/504 Plan:**

Reason for Tutoring Request:

☐ **Serious Illness:**

☐ Medical Statement: Request for Tutoring Services

☐ **Expulsion:**

☐ Copy of expulsion letter

☐ Beginning date of expulsions: _____ Ending date of expulsion _____

☐ **Special Education** ☐ **504:** ☐ **Computer Lab** ☐ **Home Tutor**

☐ Documentation of specific concerns and/or incidents ☐ Medical Statement: Tutoring Service Request

☐ Parental consent for evaluation, if being considered ☐ Prior Notice of Special Education Action

Student Enrollment and records are to remain with the attending school. School staff is responsible for curriculum materials and coordination with the tutor. The IEP case manager maintains the responsibility for management of the IEP and eligibility.

Will the student be receiving tutoring and attending classes at the same time? ☐ yes ☐ No

If yes, how many classes or how much time will the student be attending class? _____

Case Manager for IEP/Counselor for 504
(Signature Required)

Date

School Administrator
(Signature Required)

Date

OFFICE USE ONLY

Tutor Assigned _____ Phone _____ HRS/WK _____ not to exceed 5
Email _____ not to exceed 10

Direction of Special Education _____ Date _____

Duration of Tutoring: _____ Requirements/Specifications:

Tutoring for duration of expulsion with provision for early re-entry _____ .

Notes:

Student Tutoring Education Plan

Date: _____

Student Name: _____
First M Last

DOB: _____

School: _____ Grade: _____ Case Manager/Counselor: _____

Subject	Specially Designed Instruction (SDI) General Education (Gen Ed)	Staff Member Responsible For Subject Materials	Credits To Be Earned	Staff Member Responsible For Course Grade	Comments
	<input type="checkbox"/> SDI <input type="checkbox"/> Gen Ed		<input type="checkbox"/> Yes # <input type="checkbox"/> N/A		
	<input type="checkbox"/> SDI <input type="checkbox"/> Gen Ed		<input type="checkbox"/> Yes # <input type="checkbox"/> N/A		
	<input type="checkbox"/> SDI <input type="checkbox"/> Gen Ed		<input type="checkbox"/> Yes # <input type="checkbox"/> N/A		
	<input type="checkbox"/> SDI <input type="checkbox"/> Gen Ed		<input type="checkbox"/> Yes # <input type="checkbox"/> N/A		
	<input type="checkbox"/> SDI <input type="checkbox"/> Gen Ed		<input type="checkbox"/> Yes # <input type="checkbox"/> N/A		
	<input type="checkbox"/> SDI <input type="checkbox"/> Gen Ed		<input type="checkbox"/> Yes # <input type="checkbox"/> N/A		
	<input type="checkbox"/> SDI <input type="checkbox"/> Gen Ed		<input type="checkbox"/> Yes # <input type="checkbox"/> N/A		

Staff Member Responsible For IEP Progress Reporting: _____

Staff Member Responsible For Statewide Assessments: _____

School Team:

_____ School Administrator (Required)	_____ Date	_____ School Educator Teacher (Required)	_____ Date
_____ Counselor (Required)	_____ Date	_____ Other	_____ Date
_____ Parent/Guardian (Required)	_____ Date	_____ Other	_____ Date
_____ Special Ed Case Manager (Required for IEP)	_____ Date	_____ Other	_____ Date
_____ District Representative (Required for IEP)	_____ Date	_____ Other	_____ Date

Tutoring Grading Progress Report

Date: _____

Grading Period Beginning: _____ Grading Period Ending: _____

Student Name: _____ DOB: _____
First M Last

School: _____ Grade: _____ Case Manager/Counselor: _____

Tutor: _____ Assigned Hours/Week: _____ Attendance: _____/_____
Present / Total

Actual Hours Tutored: _____ Note: 1 Hour Of Tutoring Equals 5 Hours Of Class Time

The following subject(s) were covered during the current reporting cycle. If you have any questions, please contact the District Office at (503) 623.5594

Subject	Summarize: - Skills - Textbook Pages - Workbook Pages	Assigned Coursework Completed	Subject Grade	Comments
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Tutor Signature: _____ Date: _____

Medical Statement: Request For Tutoring Services

Date: _____

Student Name: _____
First M Last

DOB: _____

To the Physician or Nurse Practitioner:

The above named student is being considered for either partial or complete removal from regular school attendance due to medical reasons. **You are being asked to answer all of the following questions in relation to the medical condition(s) requiring a partial or total removal from the regular school settings.** This medical statement will be used to assist the IEP/504 Team in determining whether tutoring services are needed for this student.

1. What is the specific medical condition that prevents the student from school attendance?

2. How or why does the medical condition prevent the student from regular school attendance?

3. What is the expected duration of the medical condition requiring removal from regular school attendance?

4. Is the student able to attend school on a reduced schedule basis? ☐ Yes ☐ No

If yes, what are the limits of attendance and activities for this student?

5. What are the conditions for the student to return to the regular school setting?

Signature/Title: _____
Physician or Nurse Practitioner

Date: _____
Mo/Day/Yr

Please return to:

**AUTHORIZATION TO USE AND/OR DISCLOSE EDUCATION AND PROTECTED
HEALTH INFORMATION IS SIGNED AND ATTACHED.**

Dallas School District
111 SW Ash St.
Dallas, OR 97338

Tutoring Instruction Log

Date: _____

Student Name: _____ DOB: _____
First M Last

School: _____ Grade: _____ Case Manager/Counselor: _____

Tutor: _____

Date	Beginning And Ending Time	Subjects Covered	- Skills - Textbook Pages - Workbook Pages	Comments

Tutor Signature: _____ Date: _____