

Youth Inc #: \_\_\_\_\_  
(Coordinator Use Only)

### *Youth Incorporated Tutoring - Application for Service*

School: \_\_\_\_\_ School Year: 2018-2019

SSW: \_\_\_\_\_ SSW phone: \_\_\_\_\_

Student Name: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Gender: M F Date of Referral: \_\_\_\_\_

Grade (circle): K 1 2 3 4 5 6 7 8 9

Does this student receive special education services?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Speech only? \_\_\_\_\_

Do the reading skills for this student fall between the 10% and the 40%  
(CBM/MCA/MAP, etc)? For Kindergarteners, below Level A on the F & P?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please indicate test/assessment and score:  
\_\_\_\_\_

Has a building team met and discussed this student?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Does the family know of and support this referral? Yes \_\_\_\_\_ No \_\_\_\_\_

Other comments/relevant  
information: \_\_\_\_\_  
\_\_\_\_\_

Classroom Teacher: \_\_\_\_\_ Principal Signature: \_\_\_\_\_

Referring SSW Signature:  
\_\_\_\_\_

Send to: [Jennifer.Frisbie@mpls.k12.mn.us](mailto:Jennifer.Frisbie@mpls.k12.mn.us) or Jennifer Frisbie – Lake Nokomis Wenonah

**Date referral rec'd:** \_\_\_\_\_ **(for Coordinator only)**