



Livingston Educational Service Agency
 Department of Special Education
 1425 W. Grand River Avenue, Howell MI 48843
 Phone: (517) 540-6822 Fax: (517) 546-7047

TUTOR SERVICES REFERRAL

Revised 11/20/11

Referral Date: _____ School Building: _____
 Student Name: _____
 Birth Date: _____ Gender: M F Grade: _____

Special Ed. Eligibility:	<input type="checkbox"/> Does Not Apply	<input type="checkbox"/> ASD	<input type="checkbox"/> D-B	<input type="checkbox"/> EI	<input type="checkbox"/> OHI	<input type="checkbox"/> SCI	<input type="checkbox"/> SLI	<input type="checkbox"/> TBI
	<input type="checkbox"/> CI	<input type="checkbox"/> ECDD	<input type="checkbox"/> HI	<input type="checkbox"/> PI	<input type="checkbox"/> SLD	<input type="checkbox"/> SXI	<input type="checkbox"/> VI	

Medical Reason for Absence: _____ Physician's Statement Attached
(REQUIRED)
 Start Date on Physician's Statement: _____ End Date on Physician's Statement: _____

Parent / Guardian: _____ Phone: _____
 Address: _____

	<u>Subject</u>	<u>Teacher</u>
Student Schedule	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Name of Person Making Referral: _____ Title: _____
 Projected Duration: _____ Amt. of time per week: _____
 Superintendent/Designee Signature _____ Date: _____
Required before services can begin
 Building Principal Signature _____ Date: _____
Required before services can begin
 Special Ed. Director Approval Signature* _____ Date: _____
IEP required with referral-Special Ed Students* Required before services can begin (*only for students in special education)

When completed, send to: Secretary, Assistant Superintendent for Employee Services
 Livingston Educational Service Agency
 1425 West Grand River Avenue
 Howell, MI 48843 Fax: 517-546-7047
 Email: kimcalderon@livingstonesa.org

Date Received by LESA: _____
 LESA Approval: _____ Title: Executive Director of Special Education
 Date Assigned: _____ Assigned to: _____

Copies of completed form sent to: LEA Special Education Office LEA HR Office LEA Referring School