# Tutoring Referral

<table>
<thead>
<tr>
<th>Referral Date:</th>
<th>School Building:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
<td></td>
</tr>
<tr>
<td>Birth Date:</td>
<td>Gender: Male/Female</td>
</tr>
</tbody>
</table>

**Special Ed. Eligibility:**
- [ ] Does Not Apply
- [ ] ASD
- [ ] D-B
- [ ] EI
- [ ] OHI
- [ ] SCI
- [ ] SLI
- [ ] TBI
- [ ] CI
- [ ] ECSE
- [ ] D/HH
- [ ] PI
- [ ] SLD
- [ ] SI
- [ ] VI

<table>
<thead>
<tr>
<th>Parent / Guardian:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

**Subject**

<table>
<thead>
<tr>
<th>Teacher &amp; Teacher Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Student Schedule**

<table>
<thead>
<tr>
<th>Name of Person Making Referral:</th>
<th>Title:</th>
</tr>
</thead>
</table>

**Projected Duration:** __________________________ to __________________________

**Amount of Time per Week:** __________________________

(Approval includes additional time as needed for final exams.)

**Superintendent / Designee Signature:** __________________________

Required before services can begin (includes approval of additional time for exams/testing/teacher consultation).

**Building Principal Signature:** __________________________

Required before services can begin.

**Special Education Director Approval Signature:** __________________________

Required before services can begin (*only for students in Special Education).

**When completed, send to:** Assistant Superintendent for Special Education c/o Carol Braden
Livingston Educational Service Agency
1425 W. Grand River Ave.
Howell, MI 48843
Fax: 517-546-7047
Email: CarolBraden@LivingstonESA.org

**Date Received by Livingston ESA:** __________________________
**Livingston ESA Approval:** __________________________
**Date Assigned:** __________________________
**Assigned To:** __________________________

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