

Tutor Request Form

Please fax or email to: **Danielle Winford, FYIT Coordinator** Families & Youth in Transition Program 727 Golden Gate Ave., Bungalow I, San Francisco, CA 94102

Phone: 415-241-3030 x13055 • Fax: 415-241-6218

	IUST BE FILLED	OUT. PLEASE DO NOT LEAVE FIELDS EMPTY.
Youth's Information First Name:	Last Name:	Other Names:
		y Attending:
Teacher/School Counselor:		Grade in School: Gender:
Tutoring Subject Area (s):		
Special Education Status:		
If new to the US, would you prefer a Primary Language:	=	your primary language?YesNo
Placement: Shelter Single Room Occupancy Hotel Other	_	uble-up/Triple-up Transitional Living Facility
Parent/Caregiver Information		
		Last Name:
Address:	City:	State: Zip Code:
Home Phone:	Work Phone	e: Cell Phone:
Email Address:		Best time to call:
NOTE: Tutoring can only take place	at school site.	
Parent's Signature:		Date:
DO NOT COMPLETE THE FO	LLOWING INFO	DRMATION:
Tutor's Information	Tutor	ring Criteria Met:
Name:		Transition students that performed below basic and/or far below basic on the California Standards Test from the previous school year
Phone:Email:		Transition newcomer students needing additional support in I earning English as a Second Language.
Days:		Eleventh and Twelfth Grade transition students that have not passed one or both parts of the California High School Exit Examination (CAHSEE).
		Transition students in jeopardy of being retained.
		Transition students who failed at least one subject.
		Transition students assigned to a special education program.