**Our Mission: The Hope Center at Pullen connects young people aging out of foster care in Wake County with the resources and support they need for a successful transition to adulthood.**

**Tutoring Program Purpose:** To provide a young person (13-21) in foster care with the academic support needed to graduate high school or complete their GED.

**Tutoring Program Summary**

Tutors will meet with a student at the student’s foster home or a local library on a weekly basis throughout the academic year. Tutors will work to enhance the student’s academic skills and promote productive academic habits. Tutors will provide help with homework and assist with test preparation. These tasks will be completed in a way that encourages the student to become an independent learner.

**Eligibility Requirements**

**Youth**

* Currently between 13 and 21-years-old
* Currently or has previously been in foster care
* Currently assigned to a Wake County Case Manager
* Willing to be respectful of the tutor’s time and have a cooperative attitude

**Foster Parent**

* Willing to communicate directly with the tutor about both scheduling and academic progress
* Willing to support the tutor to find creative ways to promote the youth’s educational success

**Referral Instructions**

Submit the completed 2 page form (below) to:

Kim Gibson, LINKS Coordinator

kimberly.gibson@wakegov.com

Office Phone: (919) 210-7863

Fax: (919) 212-7192

or

Delana Epps, Youth Programs Director

depps-avery@hopecenteratpullen.org

Office Phone: 919-307-5810

Fax: (919) 800-3335

If you have questions about the program itself, contact Delana Epps.

**Once the referral is received the caregiver will be contacted about our current availability.**

|  |  |
| --- | --- |
| **Youth Name:**  | **Date:**  |

 First Last mm/dd/yyyy

**Youth Phone:**

 Cell Home

|  |
| --- |
| **Youth Email:**  |

|  |  |
| --- | --- |
| **Youth Date of Birth:**  | **Gender:**   |
| **School:**  | **Grade:**  |

|  |
| --- |
| **Caregiver’s Name:**  |

 First Last

**Caregiver’s Phone:**

 Cell Home Work

|  |
| --- |
| **Caregiver’s Email(s):**  |

**Address:**

 Street City State Zip Code

**Social Worker’s Name:**

**Social Worker’s Phone:**

**Social Worker’s Email:**

**If client is no longer in foster care, dates of previous involvement:**

**Is client aware of this referral?**

**Please explain why you are referring this client for tutoring services through The Hope Center at Pullen:**

**Mark any subject area(s) in which a tutor is needed:**

Language Arts:

Reading:

Writing:

Social Studies/History:

Science (please specify which class):

Math (please specify which class):

Any subjects not listed above:

**List any times (on your preferred days) when the young person would be available to meet a tutor:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |

**Do you prefer that a tutor be of the same gender as the young person?**

**Would you prefer that a tutor meet with the young person in your home or at a nearby library or quiet meeting place?**

**Would you be able to drive the student to and from a local library or meeting place for tutoring sessions?**