



Tutor Referral

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 (14-21) in foster care with the academic support needed to graduate high school or complete their GED.

Tutoring Program Summary:

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. Tutors will meet with a student at a local library, local workspaces, or students' foster home.

Eligibility Requirements:

Youth

- Currently between 14 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
- Will attend **mandatory** tutor match meeting (virtually) with caregiver, Teen Programs Specialist, and Tutor

Guardian/Caregiver/Social Worker/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
- Will attend **mandatory** tutor match meeting (virtually) with youth, Teen Programs Specialist, and Tutor
- Agree to support the youth with transportation to and from tutoring meetings

Referral Instructions:

Submit the completed 4 page form (below) to:

<p>Bri Scotton, Teen Programs Manager bscotton@hopecenteratpullen.org Office Phone: 984-895-6093 Fax: (919) 800-3335</p>	<p>Tamra Sanchez, Permanency Services Supervisor tamra.sanchez@wakegov.com Office Phone: (919) 212.7674 Fax: (919)743-4903</p>
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***If you have questions about the program itself, contact Bri Scotton**



Tutor Referral

Date Signed: _____

Youth Information:

First & Last Name:	
Youth Email:	
Youth Phone:	
Date of Birth:	
Gender:	
School:	
Grade:	

Caregiver Information:

First & Last Name:	
Email:	
Phone:	
Address:	

Social Worker Information:

First & Last Name:	
Youth Email:	
Youth Phone:	

***Please continue to the following page**



Tutor Referral

Please thoroughly read and complete sections A-D .

A. Please explain why you are referring this youth for tutoring services through The Hope Center at Pullen:

B. Please mark any subject area(s) in which tutoring services are needed. Please specify what level of each subject (i.e. Math 2, AP Calculus, American History Honors):

- Language Arts: _____
- Reading: _____
- Writing: _____
- Social Studies/History: _____
- Science: _____
- Math: _____
- Other: _____

C. Please indicate your tutor preferences below:

1C. Do you prefer that a tutor be of the same gender as the young person?

- Yes
- No
- No Preference

***Please continue to the following page**



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2C. Please check all locations you would be comfortable meeting for tutoring:

- Youth's Home (Caregiver must be present)
- Local Library
- Local Workspace
- Virtually
- No Preference

3C. Will youth have access to transportation to and from tutoring (i.e. if you will be meeting tutor at a specific location other than home)

- Yes
- No

D. Please mark any times (on your preferred days) when the young person would be available to meet a tutor:

Monday

- Anytime after 3:30pm
- Specific Time: _____

Tuesday

- Anytime after 3:30pm
- Specific Time: _____

Wednesday

- Anytime after 3:30pm
- Specific Time: _____

Thursday

- Specific Time: _____

- Anytime after 3:30pm

Friday

- Anytime after 3:30pm
- Specific Time: _____

Saturday

- Anytime after 3:30pm
- Specific Time: _____

Sunday

- Anytime after 3:30pm
- Specific Time: _____



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Tutor Referral Policy & Signature:

Once you have thoroughly read and filled out the following form, please sign and date below. By signing this form, **we assume that you have read, understand, and agree to all sections** of this document.

*Once this form has been filled out and signed, please send it to Alexys Pardo (Teen Programs Specialist) so that we can move forward with processing your referral. You will receive a follow-up email following your submission, and Alexys Pardo will be in contact with you soon to check your availability for a tutor match meeting!

Printed Name: _____

Date: _____

Signature: _____