



LITERACY COUNCIL of ALASKA

517 Gaffney Rd, Fairbanks, AK 99701 * Phone: (907)456-6212 * Fax: (907)456-4302 * lca@literacycouncilofalaska.org

SUMMER CROSS-AGE TUTORING PROGRAM TEACHER REFERRAL FORM

Student Information

Student's Name _____	Grade _____
Referring Teacher's Name _____	
School _____	
Has this student been retained? _____	
Does this student have an IEP or 504 plan? _____	

Mathematics

Strength

Weakness

Numeration		
Measurement		
Estimation and computation		
Functions and relations		
Geometry		
Statistics/probability		
Problem Solving		
Communication		
Reasoning		
Connections		

Area of most concern:

Reading and Language

Strength

Weakness

Spring AIMS RCBM	Words Correct :	Errors:
Comprehend/infer Meaning		
Distinguish between genres		
Retell/restate story		
Identify the main idea		
Read and follow directions		
Express opinions/differentiate between fact		
Connect between text and personal experiences		
Identify cultural influences		
Identify plot, main characters settings		

Area of most concern:

Writing Performance Standards

Strength

Weakness

Sentence, paragraph, story composition		
Specified writing		
Revision writing		

Area of most concern:



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Teacher Referral Continued

Are there any specific strategies that have been successful or unsuccessful for this student?

How well does this student interact with others? Do you have behavioral or social concerns?

Do you have any other comments?

We may need to contact you in order to provide this student with the best possible services.
May we contact you about this child's school performance? _____

When is the best time to contact you? _____

Phone number where we can reach you _____

Email: _____

Teacher signature: _____

Thanks so much for all of your help!

Please return this form with the student enrollment form to:

By mail: The Literacy Council of Alaska

Summer Cross-Age Tutoring Program

517 Gaffney Rd.

Fairbanks, AK 99701

or

By scan & email: schoolage@literacycouncilofalaska.org

or

By fax: (907) 456-4302