

# LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

Education Department  
7500 Odawa Circle Harbor Springs, MI 49740  
phone: 231-242-1480 fax: 231-1490



## STUDENT REFERRAL FORM

Academic Year: \_\_\_\_\_ - \_\_\_\_\_

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent Address: \_\_\_\_\_ Parent (ph. or email): \_\_\_\_\_

School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_ Teacher (ph. or email): \_\_\_\_\_

**ACADEMIC:** Please note all that apply, and be as specific as possible

### Math:

Numbers and Operations (ex. counting, place value, fractions/decimals, addition, subtraction, multiplication, division)

\_\_\_\_\_

Measurements (ex. standard units, time, money) \_\_\_\_\_

Geometry (ex. identifying shapes, attributes of 2-D and 3-D shapes) \_\_\_\_\_

Other \_\_\_\_\_

### English Language Arts:

Reading (ex. word recognition, comprehension) \_\_\_\_\_

Writing (ex. spelling, forming words, sentences, paragraphs, etc.) \_\_\_\_\_

Speaking (ex. listening/understanding others, participating in discussions) \_\_\_\_\_

Other \_\_\_\_\_

### ORGANIZATIONAL:

\_\_\_\_\_  
\_\_\_\_\_

**BEHAVIORAL:** (parent will be given contact information for the LTBB Mental Health Department)

\_\_\_\_\_

What actions have you already taken to address any areas of concern?

*Check as many as appropriate:*

Shared concern with student \_\_\_\_\_

Modification of instruction \_\_\_\_\_

Guidance Counselor contact \_\_\_\_\_

Title I Staff \_\_\_\_\_

Title VII Staff \_\_\_\_\_

Parent/Teacher Contact \_\_\_\_\_

Other (please list below) \_\_\_\_\_

# Release of Information

Student's Printed Name \_\_\_\_\_

Student's Academic Institution \_\_\_\_\_

Special terms that apply:

*Education Department* means the Education Department of Little Traverse Bay Bands of Odawa Indians.

*IEP* means the Individual Education Plan for the student developed by the parent, staff, and appropriate agencies.

*Press Release* means any form of public notifications i.e. Tribal newsletter, Annual Community Meeting, bulletin boards, Tribal website, and brochures.

*School* means any division of a public school system or any charter, tribal or private school.

*Special Achievements* means events worthy of certificates, publications such as a dissertation or thesis, Dean's list or other lists of academic achievements, and employment after graduation.

*Student records* means an official copy of the student's records not included in the student's transcripts to date of the request, which may include attendance, discipline, or other assessments.

*Transcripts* mean an official copy of the student's courses, grades, and grade point average to date of the request.

*Tribe* means the Little Traverse Bay Bands of Odawa Indians or the Waganakising Odawa.

*Other LTBB Government Departments* means departments other than Education such as Enrollment, Human Services, etc.

Authorization: I authorize that the LTBB Education Department may share and receive information regarding my child from his/her academic institution, or other LTBB Government departments as stated above. I authorize the LTBB Education Department to visit my child at his/her academic institution and to attend meetings as requested and scheduled by the appropriate agencies and staff. I authorize the LTBB Education Department to perform assessments with my child to determine specific needs. I also authorize the Education Department to submit press releases in cases of special achievements, graduations, and any other events.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Education Director: \_\_\_\_\_ Date: \_\_\_\_\_

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*What to expect next:*

- 1. Parents/guardians and teachers will be notified of referral*
- 2. Student data and goal forms will be requested from school staff and parents*