STUDENT REFERRAL FORM

Referred Guidelines:

1. To refer a student for services with the La Crosse Youth & Learning Center, please complete this form and submit via hard copy, e-mail, US mail or fax. Information can be found on our webpage: http://www.ho-chunknation.com/?PageId=517

2. Students are eligible for services if;
   a. Enrolled in a federally recognized tribe or;
   b. A parent or grandparent is enrolled in a federally recognized tribe, as defined in Elementary and Secondary Education Act, Title VII, Part A, Subpart I.

3. If you are unsure of student eligibility, please contact the La Crosse Youth & Learning Center.

Referred Information

Person making referral: ___________________________ Date __________________

School/Org: ___________________________ Title: ___________________________

E-mail Address: ___________________________ Telephone Number: ___________________________

Signature: ___________________________

Referred Information

Student's Name: ___________________________

School: ___________________________ Grade: ______ IEP: □ Yes □ No □ Unknown

Reason for Referral: □ After School Programming

□ Academic Specify: ___________________________

□ Behavior Specify: ___________________________

□ Other Specify: ___________________________

List current services student is receiving: ___________________________

Best time to work with student in school: ___________________________

Parent/Guardian Name: ___________________________ Contact Info: ___________________________

Youth Services (Use Only)

Date Received: ___________ YS Assigned: ___________ Date Assigned: ___________

Service Requirements □ In School Tutoring □ After School Program □ Referral Services

□ Advocacy □ Mentoring □ Other: ___________________________

Form 092012 - Student Referral Form