

REFERRAL/INTAKE TO TRIBAL EDUCATION DEPARTMENT

**P.O. Box 278
Pablo, Montana 59855-0287
(406)675-2700
Fax # (406)675-2014**

REFERRAL

FROM: _____

Name School/Agency Date

Principal Signature Date

Parent Name(s): _____

Phone Number: _____

Address and directions to home: _____

Children's Name(s):	DOB	Grade	Gender	Tribal affiliation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is the issue: _____

How has the school attempted to resolve this issue? _____

Do your policies and procedures address this course of action? YES ____ NO ____

CONTACTS/MEETINGS MADE BY THE SCHOOL WITH PARENT(S): (School referral **MUST** include attendance records, copies of letters home, record of attempted home visits, record of phone calls, discipline referrals, and documentation of in school counseling being offered)

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TRIBAL EDUCATION DEPARTMENT ONLY

Date received: _____

Worker assigned: _____

Initial home contact date: _____

Case closed, state reason: _____