

The SHOSHONE-BANNOCK TRIBES

FORT HALL INDIAN RESERVATION
PHONE: (208) 478-3851
FAX: (208) 478-3735



TRIBAL YOUTH EDUCATION PROGRAM
P.O. BOX 306
FORT HALL, IDAHO 83203

Date: _____ School Parent/Guardian Other

Name of Student: _____ Date of Birth: _____

School District: _____ School: _____ Grade: _____

Name of Parent/Guardian: _____

Address: _____

Telephone numbers – Home: _____ Work: _____ Cell: _____

Physical Address (driving directions): _____

School Personnel Referral

Date of Referral: _____

Name & Title: _____

Telephone number – Work: _____ Cell: _____

Email: _____

REASON FOR REFERRAL:

- Academic Performance
- Attendance (absenteeism, tardiness, suspension)
- Learning Process
- Physical Symptoms
- General Behavior

Is the student on an IEP? YES NO

Describe how the school personnel have attempted to remedy the situation: _____

Signature of Parent/Guardian: _____

Signature of School Representative/Other: _____

Signature of Tribal Youth Education Staff: _____