



## Tutoring Assistance Program Student Referral

The tutoring assistance program coordinates access to high-quality tutoring services intended to improve academic performance of students enrolled in K-12 education programs. The student referral form must be completed by all applicants seeking program participation based on academic need. The form must be completed by the applicant's current teacher or school administrator who is not in relation to the applicant. Incomplete forms will not be processed.

The Chickasaw Nation Education Division agrees to strictly maintain the confidentiality of all information disclosed by the school hereunder, or any amendments thereto. Information contained within this referral will be considered confidential and will not be re-disclosed to third parties without the written consent of the student applicant or as otherwise required by law.

### **Student information:**

Student name: \_\_\_\_\_  
First Middle Last Suffix

### **School representative information:**

School representative name: \_\_\_\_\_  
First Middle Last Suffix

Job title: \_\_\_\_\_ School name: \_\_\_\_\_

Work phone no.: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

### **Establishment of academic need:**

The applicant displays academic need for tutoring support in the following core subject areas: \_\_\_\_\_

### **Available resources:**

Are tutoring resources provided by and available to the applicant by the school?  Yes  No

If yes, please describe: \_\_\_\_\_

To your knowledge, has the applicant utilized these resources?  Yes  No

Describe how tutoring assistance outside of the classroom environment or through current available resources is necessary to support the applicant's academic progress. \_\_\_\_\_

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**Certification:**

I certify that the information provided on this form is true and correct. I further certify that the program applicant is currently enrolled as a full-time student and attending the school at which I am employed and that I am of no relation to the applicant.

\_\_\_\_\_  
School representative signature

\_\_\_\_\_  
Date

Return referral to:  
The Chickasaw Nation  
Attn.: Tutoring Assistance Program  
300 Rosedale Road  
Ada, OK 74820  
Fax no.: (580) 310-9531  
Email address: [TutoringAssistance@Chickasaw.net](mailto:TutoringAssistance@Chickasaw.net)