



Pokégnek Bodéwadmik • Pokagon Band of Potawatomi

Department of Education

Box 180 • 58620 Sink Road • Dowagiac, MI 49047 • www.PokagonBand-nsn.gov  
(269) 782-0887 • (888)330-1234 toll free • (269) 782-0985 fax

Pokagon Band Department of Education  
K-12 Services for Students  
Request for Tutoring Services  
For the School Year 2013-2014

Student's Name: \_\_\_\_\_ Tribal I.D. # \_\_\_\_\_

Gender: Male / Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

E-mail: \_\_\_\_\_

Student's School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher to contact: \_\_\_\_\_

I would like my child tutored: \_\_\_\_\_ During School \_\_\_\_\_ After School

➤ If after school, what day(s) and time(s) are best: \_\_\_\_\_

➤ If after school, I can provide transportation \_\_\_\_\_ I cannot provide transportation \_\_\_\_\_

I am requesting individual tutoring services for my child based on the following:

\_\_\_\_\_ My child is receiving a below passing grade (C- or equivalent) in one or more core academic subjects (Math, Science, Social Studies, Language Arts/Reading).

Please list which subjects: \_\_\_\_\_

\_\_\_\_\_ My child needs assistance due to special circumstances. (Please explain)



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I understand the following procedures for tutoring:

*Grades must accompany the request for tutoring from the parent/guardian. Once the Department of Education receives the request, the K-12 Resource Specialist or the K-12 Supervisor will contact the parent/guardian and the student's current school to discuss his/her skills and needs. After information is gathered, the student will be assigned a tutor and a schedule that works for the family, the school, and the tutor.*

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this form back to the address on the letterhead or email it to [Kristie.bussler@pokagonband-nsn.gov](mailto:Kristie.bussler@pokagonband-nsn.gov) , or call one of the contact numbers listed in the letterhead if you have questions.

\_\_\_\_\_ I give permission for the Department of Education to have access to my child's online grades and will provide a user name & password.

\_\_\_\_\_ My child's school does not have an online grading system to access progress reports.



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**Pokagon Band Tutoring Referral** - To be completed by student's subject teacher.

Teacher: \_\_\_\_\_ Subject: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Return this form to:

Pokagon Band of Potawatomi Department of Education

Phone: 269-782-0887 or (toll free) 888-330-1234 FAX 269-782-0985

The above named student has been recommended for tutoring. To best serve the student's needs and effectively ensure academic success, a better understanding of any challenges your student is experiencing is needed. Please take a moment to complete the following questionnaire and return to the Pokagon Band of Potawatomi. Please attach a copy of the report card or progress report showing assignments and grades, to this form.

Grade: \_\_\_\_\_ Current Grade (Please show a letter grade and/or percentage)  
\_\_\_\_\_ There has been a sudden drop in this student's grade  
\_\_\_\_\_ There has been a steady drop in this student's grade  
\_\_\_\_\_ Low test scores  
\_\_\_\_\_ The current grade reflects a particular unit of study  
\_\_\_\_\_ The current grade reflects consistent difficulty with subject comprehension  
\_\_\_\_\_ The current grade reflects absences. How many days absent from this class \_\_\_\_\_?

Homework: \_\_\_\_\_ Homework is done on time but is incorrect  
\_\_\_\_\_ Homework is turned in sporadically and maybe incomplete  
\_\_\_\_\_ Homework is not turned in

Motivation: \_\_\_\_\_ Student is attentive but has difficulty with subject comprehension  
\_\_\_\_\_ Student is attentive at times, depending on the current unit or activity  
\_\_\_\_\_ Student is not attentive. Is behavior an issue? YES / NO  
\_\_\_\_\_ Student may need modifications and or other district testing services  
\_\_\_\_\_ Student may need referral to community support service/s

Teacher's Recommendations/ Suggestions:  
\_\_\_\_\_ Student needs academic mentoring in subjects, study skills and/or organizational skills  
\_\_\_\_\_ Student needs to be referred to Sylvan for academic testing  
\_\_\_\_\_ Student would benefit from peer tutoring  
\_\_\_\_\_ Other- Please attach with form.

Additional Information:  
\_\_\_\_\_ Student is currently receiving tutoring services from a school program  
\_\_\_\_\_ Parent has attended parent/teacher conferences  
\_\_\_\_\_ Communication between with the parent concerning the student's education is strong

Teacher's Signature

Phone

Plan Time

*Thank you for your time and cooperation in assisting with the success of our shared student.*

A proud, compassionate people committed to strengthening our sovereign nation.

A progressive community focused on culture and the most innovative opportunities for all of our citizens.