



## Child Development & Education Support Services

Tribal Education Department

Gila River Indian Community

Main: (520) 562-3882

Fax: (520) 562-3205



### Advocacy Referral Form | Student Support Specialist

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Does the student have an active IEP?  Yes  No

Date of last MET/IEP Meeting: \_\_\_\_\_

What is the date of the last evaluation? \_\_\_\_\_

What is the qualifying category of the IEP? \_\_\_\_\_

Please explain what issues have led you to seek assistance with student's special education services.

### Special Education Services or Other Related Services

Occupational Therapy

Physical Therapy

Speech Therapy

Behavioral Health

School Counseling

Educational Interventions

Early Intervention Specialist

### Parent/Guardian Contact Information

Parent/  Guardian Name: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_