



**Ho-Chunk Nation Education Department
Disabilities Division
Intake Form**

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

School District: _____ Student Grade: _____

Reason for Inquiry (check all that apply):

Academic Support _____

Higher Education _____

Assessment _____

IEP Questions _____

Attend IEP _____

Mental Health _____

Bullying _____

Parent Support _____

Change of Placement _____

Parent Training _____

Comprehensive Services _____

Resources/Programs _____

Disability Code Request _____

Therapeutic Services _____

Discipline _____

Vocational Rehab _____

Grades _____

504/Individual Health Plan _____

**W9814 Airport Rd.
P.O. Box 667
Black River Falls WI 54615
PH: (800)362-4476
FAX: (715)284-1760
Education.Intake@Ho-Chunk.com**

NOV 2016