



**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

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Black River Falls WI 54615
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FAX: (715)284-1760
Education.Intake@Ho-Chunk.com**

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