



# Osage Nation Education Department Sylvan Tutoring Program



[www.osagetribe.com/education](http://www.osagetribe.com/education)

Toll Free: 1-800-390-6724 Phone: 918-287-5544 Fax: 918-287-5567

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**\* Please return all completed applications to:**

Osage Nation Education Department  
Attention: Cherise Lookout  
102 Buffalo Ave.  
Hominy, OK 74035  
[cl lookout@osagetribe.org](mailto:cl lookout@osagetribe.org)

### **Program Description**

The Osage Nation Sylvan Tutor Program is an Osage tribally funded program designed to serve Osage students across the nation. The intent of the program is to serve as many Osage students in K-12<sup>th</sup> grades as possible that are at risk of failing required subject areas, where Sylvan tutoring centers are available. Eligible students should complete the provided application. After approval of services applicants will receive confirmation and parents are to set up appointments and continue to work with the Sylvan Center as well as the Osage Nation Program Coordinator.

Students receiving services through the Sylvan Tutoring Program will receive funding of up to \$3,000 for current fiscal year in one subject area of tutoring services, excluding the initial testing and enrollment fees of the student. Exceeded amounts will be the responsibility of the parent/guardian. Applications will be processed on a first come first serve basis.

### **Student Eligibility Requirements**

1. A student must be a member of the Osage Nation and provide a copy of their membership card with the application.
2. If a student does not have an Osage membership card an Osage CDIB card will be accepted provisionally for one semester while they secure their Osage membership card.
3. A student must be enrolled in the K through 12<sup>th</sup> grades.
4. A student must be receiving a grade of “D” or below in a required subject area.

### **Application Checklist**

- \_\_\_\_\_ Copy of Osage membership card or CDIB
- \_\_\_\_\_ Tutor agreement signed by both parent and student
- \_\_\_\_\_ Referral form completed by student’s teacher
- \_\_\_\_\_ Copy of current grade report





# Osage Nation Tutoring Referral

To be completed by student's subject teacher.



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

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

Return this form to:  
Osage Nation Education Department  
Phone: (918) 287-5544 or Fax: 918-287-5567/ 918-885-2136

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 Osage Nation Education Department. 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 grad 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 students education is strong

Teacher's Signature

Phone

Plan Time

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

