



Osage Nation Education Department Osage Nation Tutor Program



www.osagetribe.com/education

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

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

Osage Nation Education Department
Attention: Cherise Lookout
102 Buffalo Ave.
Hominy, OK 74035
clookout@osagetribe.org

Program Description

The Osage Nation Tutor Program is an Osage tribally funded program designed to serve Osage students attending school within the boundaries of Osage Nation. The intent of the program is to serve as many Osage Students in K -12th grades as possible that are at risk of failing required subject areas. Eligible student should complete the provided application. After approval of services applicants will receive confirmation and scheduling of tutoring services will be coordinated through the Osage Nation Program Coordinator. Students receiving a “D” or below will be given first priority.

Students receiving services through the Osage Nation Tutor Program will be given a one on one tutoring assignment along with a tutor plan that shall be carried out through scheduled meetings. Tutoring session may occur in; public school, public library, or other public buildings conducive to learning. The student will not be provided transportation to or from tutoring sessions nor does the tutor or Osage Nation Education Department accept any responsibility for the student before or after tutoring.

Student Eligibility Requirements

- a. A student must be a member of the Osage Nation and provide a copy of their membership card with the application.
- b. If a student does not have an Osage membership card but does have a CDIB card proving Osage blood then they will be provisionally eligible for one semester while they secure their Osage membership card.
- c. A student must be attending school within the boundaries of the Osage Nation and enrolled in the K-12th grade.
- d. A student must be referred by a teacher, field facilitator, school administrator or parent.
- e. A student must be receiving a grade of “C” or below in the particular subject area they are being referred.

Application Checklist

- _____ Copy of Osage membership card or CDIB
- _____ Tutor Request Form
- _____ Tutor Enrollment Form
- _____ Referral form completed by student’s teacher
- _____ Copy of current grade report



Osage Nation Education Tutoring Request Form



Student Name: _____ **Date:** _____

Person Making Request: _____

Please circle the one that best describes you.

Teacher

Administrator

Parent

Facilitator

Type of Tutoring Request: (Check all that apply)

ELEMENTARY/JH

HIGH SCHOOL

_____ Reading/English

___ Algebra I

___ English

_____ Math

___ Algebra II

___ Biology I,II

_____ Science

___ Geometry

___ Chemistry

_____ Social Studies

___ Trig/Calculus

___ Physics

___ History/Geo.

___ Speech

Other _____ Please List: _____

Comments:

Received Date: _____

By: _____



Osage Nation Tutoring Program

ENROLLMENT FORM



Date: _____

School: _____ Grade: _____ Academic Year: _____ - _____

Gained knowledge of program through:

School Website Ed. Newsletter Flyer Other, Please State: _____

Student Information

Full Name: _____ DOB: _____
First Last M.I.

Address: _____ County: _____

Gender: M / F

Phone: _____ E-Mail: _____

Parent/ Guardian Information

Parent #1 _____
Name Phone

Parent #2 _____
Name Phone

The goal and purpose of the Osage Nation Tutoring Program is to better educate and provide Osage students within the Osage Nation the services and assistance they need to excel in their educational endeavors.

I have received the Osage Nation Tutoring Program description on how the program will be facilitated and agree to work with the Osage Nation Education Department and my assigned tutor, and see to my child attends the provided tutoring sessions for the betterment of their education and future.

If my student is unable to make it to a planned tutoring session, I will notify the tutor and the education department.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

For Office Use Only

_____ Membership/CDIB

_____ Teacher Referral

_____ Grades



Osage Nation Tutoring Referral



To be completed by student's subject teacher or administrator.

Teacher: _____ Subject: _____ Date: _____

Student: _____ Grade: _____ School: _____

Return this form A.S.A.P. to:
Osage Nation Education Department
Phone: (918) 287-5544 or Fax: 918-287-5567

The above named student has been recommended for tutoring. To best serve the student's needs and effectively insure 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 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 and 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

_____ Student would benefit from subject certified tutoring

Parental Information:

_____ Parent has been contacted and/or an attempt has been made to contact

_____ Parent has attended a parent/teacher conference

_____ Parent has concerns or comments

Teacher's Signature _____

Phone _____

Plan Time _____

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

