PEACEMAKING PROGRAM OF THE NAVAJO NATION School Referra

Name of School:



Ph: (928) 871-6388

C: (928) 206-8236

School Referral Form

- SUBMIT TO THE NEAREST PEACEMAKING PROGRAM OFFICE

REFERRER'S INFORMATION

	Date of Referral:			
1 1 DISTRICT OFFICES	School District:			
Alamo	Name & Title of Referrer:			
Ph. (575) 854-2668/2669	Referrer's Tel:	Fax:	E	mail:
C: (928) 270-2299		. •		
E: apino@navajo-nsn.gov		CHECK	'I ICT	
Aneth	CHECKLIST IMPORTANT: HAS A COURT CASE BEEN OPENED IN THIS MATTER?			
Ph: (435) 651-3545	□ No □ Yes, Docket#		JIN ITIIS WATTER!	
C: (928) 206-6178	Is the student emotionally and physically ready for a referral to Peacemaking? ☐ Yes ☐ No			
: alfonso.nezjr@navajo-nsn.gov Chinle	Has adequate screening taken place by appropriate school personnel to determine that the student is			
Ph: (928) 674-2432	ready for traditional counseling or Peacemaking? □ Yes □ No			
C: (928) 206-6246 / 8840	Has the behavior or event which			ously? Yes No
E: vbrown@navajo-nsn.gov	If yes, please explain:		•	•
Crownpoint				
Ph: (505)786-2055	Has the student been referred	to iuvenile authorities	concerning this referral?	□ Yes □ No
C: (928) 206-6695	If yes, what is the stat			
E: ddesiderio@navajo-nsn.gov	ii yoo, what io the old	do or the javonino mate	01.	
Dilkon				2 - 1 - 1
Ph: (928) 657-8136	Has a written consent form been signed by the adult, or if child, by parent(s)/guardian? ☐ Yes ☐ No If yes, please attach the signed consent to this referral form.			
C: (928) 206-6539 / 6288	ir yes, piease attach tr	ne signed consent to t	nis reterral form.	
E: lorettayazzie@navajo-nsn.gov				
Dzil Yijiin C: (928) 206-6300	INFORMATION OF STUDENT BEING REFERRED			
E: vbrown@navajo-nsn.gov	Name of Student:			
Kayenta	Census #:	DOB:	GRADE:	
Ph: (928) 697-5502			OIVADE.	
C: (928) 206-6257	Name(s) of Parent(s)/guardian:	•		
E: aharrison@navajo-nsn.gov	Mailing Address:			
Ramah	Physical Address:			
Ph: (505) 775-3681	Tel:	Email:		
C: (928) 206-6065	Other method(s) student may be reached:			
E: rubyfrank@navajo-nsn.gov	DIRECTIONS TO STUDENT'S HOME (Attach map if necessary):			
Shiprock Ph: (505) 368-1278	REQUEST FOR SERVICES			
C: (928) 206-8733	What services are suitable for this referral (check all that apply):			
E: cfoster@navajo-nsn.gov	□ Nábináhaazláago áłch'j' yáti' (Life Value Engagement –INDIVIDUAL)			
Tohajiilee				
Ph: (505) 908-2817	□ Nábináhaazláago áłch'į' yáti' (Life Value Engagement –GROUP)			
C: (928) 270-2299	☐ Hózhóji naat'aah (Peacemaking or Traditional Family Talking)			
E: apino@navajo-nsn.gov	☐ Traditional Crisis Intervention			
Tuba City	☐ Traditional Crisis Prevention			
Ph: (928) 283-3143	□ Peacemaking Youth Apprentice Mentoring Program			
C: (928) 206-8447 E: rcharley@navajo-nsn.gov	☐ Truancy Intervention			
Window Rock	·			
Ph: (928) 871-6940/7008	□ Drop-Out or Re-Entry Intervention			
E: regina.watchman@navajo-	□ Services for At-Risk	x Youth (Single or Gro	nb	
<u>nsn.gov</u>				
Program Admin. Office				Updated: MAR.

Updated: MAR. 2024

PEACEMAKING PROGRAM OF THE NAVAJO NATION



11 DISTRICT OFFICES

Alamo

Ph. (575) 854-2668/2669 C: (928) 270-2299

E: apino@navajo-nsn.gov

Aneth

Ph: (435) 651-3545 C: (928) 206-6178

E: alfonso.nezjr@navajo-nsn.gov

Chinle

Ph: (928) 674-2432 C: (928) 206-6246 / 8840

E: vbrown@navajo-nsn.gov

Crownpoint

Ph: (505)786-2055 C: (928) 206-6695

E: ddesiderio@navajo-nsn.gov

Dilkon

Ph: (928) 657-8136 C: (928) 206-6539 / 6288

E: lorettayazzie@navajo-nsn.gov

Dzil Yijiin

C: (928) 206-6300

E: vbrown@navajo-nsn.gov

Kayenta

Ph: (928) 697-5502 C: (928) 206-6257

E: aharrison@navajo-nsn.gov

Ramah

Ph: (505) 775-3681 C: (928) 206-6065

E: rubyfrank@navajo-nsn.gov

Shiprock

Ph: (505) 368-1278 C: (928) 206-8733

E: cfoster@navajo-nsn.gov

Tohajiilee

Ph: (505) 908-2817 C: (928) 270-2299

E: apino@navajo-nsn.gov

Tuba City

Ph: (928) 283-3143 C: (928) 206-8447

E: rcharley@navajo-nsn.gov

Window Rock

Ph: (928) 871-6940/7008 E: regina.watchman@navajo-

nsn.gov

Program Admin. Office

Ph: (928) 871-6388 C: (928) 206-8236

PEACEMAKING SERVICES PLAN

When and How Services Are To be Provided (check all that apply):

- ☐ One-time, to be scheduled between referring school and program
- □ In-School

☐ After School

- ☐ At Home
- □ Follow-up

Describe the problem(s), issue(s) or concerns (please add pages if necessary):

What are the goals of this referral?

Updated: MAR. 2024