

Broken Bow Public Schools
JOM Indian Education Needs Assessment 2021-2022

1. Please designate what you feel are the **main** needs of Indian students in your public school system.

(Indicate by placing a check mark in the blank to the left of the letter by the specified need. You may choose more than one.)

- _____ A. Tutoring: Elementary & Secondary
- _____ B. Indian Cultural Programs
- _____ C. Prevention Programs: Drop Out / Alcohol & Drug Abuse / Teen Pregnancy
- _____ D. Reading/Math Improvement
- _____ E. School – Attendance Enhancement & Punctuality
- _____ F. Classroom Materials
- _____ G. Personal Development (e.g. character / self-discipline / self-reliance / responsibility / fitness)
- _____ H. Educational Support
- _____ I. Indian Studies Programs in the Schools
- _____ J. More Parent Participation in the Schools
- _____ K. Career or Job Orientation and Information
- _____ L. Other suggestions:

2. Of the needs you marked, rank the three most important in order of priority.

1. _____

2. _____

3. _____

3. If you have any ideas on how JOM funds could be used to meet the above needs, please write them in the space below:

4. Parent/Guardian information is provided through the newspaper, radio, digital marquee, school website, school Facebook page, notes, letters, phone calls, texts, and parent/teacher conferences. Do you have any other suggestions to help keep parents better informed about school?

5. How many children do you have enrolled in the Broken Bow School District grades K-12? _____

6. Has your child taken advantage of the tutoring and/or after-school programs currently offered by Broken Bow Schools?

_____ Yes

_____ No

_____ Not aware of programs

7. The JOM Parent Committee meets monthly to plan activities and events. Do you attend these meetings?

_____ Yes

_____ No

8. If you answered "No" to the above question, please let us know why you do not attend and what suggestions you have that might persuade you and others to join in the meetings.

9. Mark the day(s) below you would be able to attend a JOM meeting?

_____ Monday, _____ Tuesday, _____ Wednesday, _____ Thursday

Please check the category or categories that describe you:

_____ Parent/Guardian

_____ JOM Staff

_____ Committee Member

_____ Administrator

_____ Teacher

_____ Support Staff

_____ High School Student

_____ Middle School Student

_____ Other

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal MembershipThe individual with Tribal membership is the (select only one): child child's parent child's grandparentIf the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335