

T.R.A.I.L. REFERRAL FORM

Date received: _____

Student's name: _____ Grade & HmRm Teacher: _____
First Last

Parent/Guardian Name: _____ Home phone: (____)_____

Work phone: (____)_____ Cell phone: (____)_____ Referred by: __ Teacher __ Self
 __ Parent __ Other

DOB: _____ Student lives with: _____

Reason(s) for Referral: *(Please check all that apply.)*

- | | |
|---|--|
| <input type="checkbox"/> Age 7-11 | <input type="checkbox"/> Tour IGA to learn about food groups and a balanced diet |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Engage in physical activity and physical activity challenges |
| <input type="checkbox"/> Predisposed to Type 2 diabetes | <input type="checkbox"/> Observe healthy food demonstrations |
| <input type="checkbox"/> Learn to read a food label | <input type="checkbox"/> Serve community through the Community Education Project |
| <input type="checkbox"/> Meet local elders | <input type="checkbox"/> Encourage self-respect and self-worth |
| <input type="checkbox"/> Make SMART decisions | <input type="checkbox"/> Increase healthy habits and well-being among families |
| <input type="checkbox"/> Learn about community resources for kids | <input type="checkbox"/> Able to attend club for 12-15 consecutive weeks to complete the TRAIL program |
| <input type="checkbox"/> Learn about healthy foods | |
| <input type="checkbox"/> Access to healthy snacks | |
| <input type="checkbox"/> Incorporate the medicine wheel into healthy life practices | |

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