

GRAND AREA MENTORING PROGRAM

Moving Forward Together

Mentee Referral

(For Use by School and Other Community Agency Staff)

Date: _____

Youth name: _____

Age: _____ Grade: _____ School: _____

Student Parent/Guardian Name(s): _____

Physical Address: _____ Home Phone: _____

Referred by: _____ Date of referral: _____

Position: _____ Phone Number: _____

The child is being referred for assistance in the following areas (check all that apply):

<input type="checkbox"/>	Academic Issues	<input type="checkbox"/>	Behavioral Issues	<input type="checkbox"/>	Delinquency
<input type="checkbox"/>	Self-Esteem	<input type="checkbox"/>	Study Habits	<input type="checkbox"/>	Social Skills
<input type="checkbox"/>	Family Issues	<input type="checkbox"/>	Peer Relationships	<input type="checkbox"/>	Attitude
<input type="checkbox"/>	Other, specify:				

Why do you feel this youth might benefit from a mentor?

What particular interests, either in school or out, do you know of that the child has?

With what specific subjects, if any, does the student need assistance?

On a scale of 1–10 (10 being highest) rate the student's level of:

_____ Family support _____ Communication skills _____ Peer relations
_____ Social skills _____ Academic performance _____ Self-esteem
_____ Attitude about school/education

Additional comments (use back if necessary).