



Mentee Referral Form

Youth's Name: _____ Age: _____ Grade: _____

School: _____

Requested by: _____

Position: _____ Phone Number: _____

The child is being referred for assistance in the following areas (mark [*] all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Academic Issues | <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> Delinquency | <input type="checkbox"/> Vocational Training |
| <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Study Habits | <input type="checkbox"/> Social Skills | <input type="checkbox"/> Peer Relationships |
| <input type="checkbox"/> Family Issues | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Attitude | |

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?

What strategies/learning models might be effective for a mentor working with this youth?

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

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

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