

LHBM Legacy LLC - Mentoring Services Referral Form

Referral Information

Date of Referral: _____

Referred By: _____

Relationship to Student (e.g., Teacher, Counselor, Parent): _____

Contact Information (Phone/Email): _____

Student Information

Student's Full Name: _____

Date of Birth: _____

Grade Level: _____

School Name: _____

Parent/Guardian Name: _____

Parent/Guardian Contact Information: _____

Funding Source

Funding Source (e.g., County, School, Private Pay): _____

Reason for Referral (Check all that apply)

☐ Academic Challenges

☐ Behavioral Concerns

☐ Social-Emotional Support

☐ Attendance Issues

☐ Family or Home Stressors

☐ Peer Relationships/Social Skills

☐ Trauma Support

☐ Other: _____



Additional	Comments	or	Concerns
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Preferred Contact Method for Follow-Up

☐ Phone ☐ Email ☐ In-Person Meeting

Authorization & Consent

By submitting this referral, I acknowledge that I have obtained the necessary consent (if applicable) to share this information with LHBM Legacy LLC for the purpose of student support.

Referrer's Signature: _____

Date: _____

