



Mentee Referral Form

Youth's Name: _____

Age: _____ Grade: _____

School: _____

Referral Requested by:

Position: _____ Phone Number: _____

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

- Academic Issues Behavioral Issues Delinquency Vocational Training
 Self-Esteem Study Habits Social Skills Peer Relationships
 Family Issues Special Needs 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

Any other notes on the child that you feel would be pertinent for us to know? (Ex. Where the social skills are lacking)