
Mentee Registration / Referral Form

Childs Name: _____

Age: _____ Grade: _____ School: _____

Requested by: _____

Relation to Mentee: _____ Phone Number: _____

Preferred Method of Communication: (circle all that apply)

Telephone

Text

Email

Other

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"/> Vocational |
| <input type="checkbox"/> 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 |
| <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?

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?

Additional comments:

For Internal Use Only:

Date Application Received		Accepted / Declined	Comments:
Date Accepted / Declined			
If Accepted, Assigned Mentor:			
Date Program / Mentoring Begins:			