



Mentee Referral Form

Youth name: _____

DOB: _____ Age: _____ Grade: _____

School: _____

Referred by: _____

Title: _____ Phone Number: _____

Parent/Guardian Name: _____

Phone Number: _____

Address: _____

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 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, does the youth have?

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

____ Academic performance

____ Social skills

____ Self-esteem

____ Family support

____ Communication skills

____ Attitude about school/education

____ Peer relations

Additional comments: