



COMMUNITY CONNECTIONS YOUTH MENTORING PROGRAM

Mentee Referral

(completed by school and other community agency staff)

Date: _____

Youth name: _____

Age: _____ Grade: _____ School: _____

Youth contact information (if possible): _____

Requested by: _____

Position: _____ Phone: _____ Email: _____

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"/>	Life Skills
<input type="checkbox"/>	Self-Esteem	<input type="checkbox"/>	Study Habits	<input type="checkbox"/>	Social Skills	<input type="checkbox"/>	Peer Relations
<input type="checkbox"/>	Family Issues	<input type="checkbox"/>	Special Needs	<input type="checkbox"/>	Attitude	<input type="checkbox"/>	Absenteeism

Other: (Please 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

Additional comments: