



STEP BY STEP MENTORING PROGRAM

Caring and Growing... Together

Referral Form

Student Name: _____ Age: _____

Grade: _____ Date: _____

Requested by: _____

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

- | | |
|---|--|
| <input type="checkbox"/> Academic issues (failing classes, credit concerns) | <input type="checkbox"/> Behavior issues |
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Family concerns |
| <input type="checkbox"/> Social problems | <input type="checkbox"/> Tardiness |

1. List 2 reasons why this youth might benefit from a mentor.
2. What interests, either in school or in community, does the youth have?
3. What strategies might be effective for a mentor working with this youth?
4. Based on above checked item(s), please give specific details of concerns.

Additional Comments/Recommendations