

GRAND AREA MENTORING

Mentee Referral

STUDENT name: _____ Date of referral: _____

Age: _____ Grade: _____ School: _____

Student parent/guardian name(s): _____

Physical address: _____ Student home phone: _____

1. Why are you referring this student to Grand Area Mentoring?

2. What type of family support does this student have?

3. What interests, in school or otherwise, does this student have?

4. Appropriate interaction with peers: None Some Plentiful

Please comment on behavioral or emotional concerns:

5. Social Skills with adults: None Some Appropriate

How receptive is this student to one-on-one adult attention?

6. On a scale of 1–10 (1 = poor, 10 = excellent) rate the student's level of...

Communication skills

Self-esteem

Family support

Behavior

Connection to school

Academic performance

Attendance

Study habits

Friendliness

Referred by (your name): _____ Phone Number: _____

Email: _____ Relationship to student: _____

Please use the reverse to include additional relevant information. Thank you for your time and care!