

# 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!*