

# Mentee Referral Form

## REFERRING AGENCY:

AGENCYNAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT: \_\_\_\_\_  
NAME TITLE PHONE

## MENTEE (YOUTH/CHILD) INFORMATION:

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS CITY STATE ZIP

HOME PHONE CELL OTHER

SCHOOL GRADE ETHNICITY

## RESIDENT PARENT/GUARDIAN: (LIVING WITH)

NAME: \_\_\_\_\_  
FIRST LAST

ADDRESS CITY STATE ZIP

HOME PHONE CELL OTHER

PRIMARY LANGUAGE: \_\_\_\_\_ MARRIED? YES NO

## NON-RESIDENT PARENT/GUARDIAN: (OTHER INVOLVED ADULT)

NAME: \_\_\_\_\_  
FIRST LAST

ADDRESS CITY STATE ZIP

HOME PHONE CELL ALTERNATE

PRIMARY LANGUAGE: \_\_\_\_\_ MARRIED?  YES  NO



HAS PARENT/GUARDIAN BEEN NOTIFIED OF MENTEE'S REFERRAL TO MENTORING PROGRAM?

- YES
- NO

**FAMILY CIRCUMSTANCES AND PARENTING:**

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**EDUCATION:**(CHECK ALL THAT APPLY)

- DISRUPTIVE
- CLASSROOM BEHAVIOR
- DISRUPTIVE BEHAVIOR ON SCHOOL PROPERTY
- LOW ACHIEVEMENT
- PROBLEMS WITH PEERS
- PROBLEMS WITH TEACHERS
- TRUANCY

**SPECIAL EDUCATIONAL NEEDS:**

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**PEER RELATIONS:** (CHECK ALL THAT APPLY)

- ANTI-SOCIAL FRIEND'S
- DELINQUENT FRIENDS
- FEW POSITIVE FRIENDS
- POTENTIAL GANG INVOLVED FRIENDS
- OTHER: \_\_\_\_\_

**SUBSTANCE ABUSE:** (CHECK ALL THAT APPLY)

- SUSPECTED USE BY MINOR
- SUSPECTED USE IN FAMILY

COMMENTS: \_\_\_\_\_

**LEISURE/RECREATION:** (CHECK ALL THAT APPLY)

- LIMITED ORGANIZED ACTIVITIES
- POOR USE OF TIME
- NO PERSONAL INTERESTS
- COMMENTS: \_\_\_\_\_



**PERSONALITY & BEHAVIOR:** (CHECK ALL THAT APPLY)

- PHYSICALLY AGGRESSIVE
- TANTRUMS
- SHORT ATTENTION SPAN
- EASILY FRUSTRATED
- GANG RELATED ACTIVITY
- LACK OF GUILT
- VERBALLY AGGRESSIVE

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RATE YOUR SENSE OF URGENCY-THIS WILL HELP US PRIORITIZE OUR RESOURCES.** (1 BEING LEAST AND 5 BEING GREATEST)

**1 2 3 4 5**

STAY FOCUSED USE ONLY

REFERRAL RECEIVED VIA: \_\_\_\_\_  
(FAX, MAIL, E-MAIL) DATE

