

Loving Arms, Inc.

Creating Vision Through Mentoring

Mentee Referral

(For Use by School and Other Community Agency Staff)

Youth name: _____

Age: _____ Grade: _____

School: _____

Requested by: _____

Position: _____ Phone Number: _____

Care Givers Name _____ Phone Number: _____

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"/>	Vocational Training
<input type="checkbox"/>	Self-Esteem	<input type="checkbox"/>	Study Habits	<input type="checkbox"/>	Social Skills	<input type="checkbox"/>	Peer Relationships
<input type="checkbox"/>	Family Issues	<input type="checkbox"/>	Special Needs	<input type="checkbox"/>	Attitude	<input type="checkbox"/>	

Other, 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

With what specific subjects, if any, does the student need assistance?

Additional comments:

**Complete and mail to: Cindy R. Williams
1227 Etting Street, Suite 301
Baltimore Maryland 21217**