

GROUP MENTORING REFERRAL FORM

This form is to be completed and returned to Program Staff. Information will be kept confidential and will be used to assist staff in placing the referred student in the Group Mentoring Program at Partners Mentoring Youth.

Please take the time to fill in all information completely.

Date: _____

Referring Person _____ Title _____

Phone _____ Email _____

YOUTH INFORMATION

NAME: _____
First _____ Last _____

GENDER: _____ AGE: _____ DOB: ____/____/____ ETHNICITY: _____

SCHOOL: _____ GRADE LEVEL: _____ INTEGRATED SERVICES _____

GUARDIAN(s): _____ PHONE: _____

EMAIL: (if known) _____

ADDRESS: _____

What strengths do you identify in the youth?

What are the youth's interest and/or hobbies?

Who does this student trust or go to for support (at school or home)?

YOUTH BEHAVIOR IN SCHOOL

Issues or behavior patterns affecting the youth's school success. (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Low grades | <input type="checkbox"/> Defiant of authority/
questioning rules | <input type="checkbox"/> Experimentation with
drugs/ alcohol |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Disrupts classroom | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> Poor attendance | <input type="checkbox"/> Overly dependent on
peers/ adults | <input type="checkbox"/> Fearful/ Anxious |
| <input type="checkbox"/> Poor peer relations | <input type="checkbox"/> Quiet/ Withdrawn | <input type="checkbox"/> Emotional outbursts |
| <input type="checkbox"/> Aggressive/ Fighting | | |

KNOWN RISK FACTORS

Include both past and present. Please select at least two.

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Struggles | <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> ATOD use | <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Mental Health Concerns |
| <input type="checkbox"/> Family _____ Youth | <input type="checkbox"/> Neglect | <input type="checkbox"/> Family _____ Youth |
| <input type="checkbox"/> Delinquent Behavior
(Not legally involved) | <input type="checkbox"/> ESL | <input type="checkbox"/> Out of Home Placement
(Not with family of origin) |
| <input type="checkbox"/> Disability (DD, physical, learning) | <input type="checkbox"/> Gang Affiliation | <input type="checkbox"/> Parent is/has been Incarcerated |
| <input type="checkbox"/> Family _____ Youth | <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Single Parent Household |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Family _____ Youth | <input type="checkbox"/> Female _____ Male |
| | <input type="checkbox"/> Low income | |

Other information that may be helpful to program staff:

PARENT PERMISSION
To Nominate Youth to Group Mentoring Program at Partners Mentoring Youth

I _____
Parent/Guardian/Custodian (circle one)

of _____, do hereby give permission for
Youth's name

Referring School and School Staff representative

to nominate _____ for participation in the School Based Mentoring
Youth's name

Program provided by Partners Mentoring Youth.

Nominations to this program are given through written referral by school staff or other counseling professionals and require the release of academic, family, and social background of the youth to the PMY program. I understand that there is no guarantee that my child will be accepted into the program after he/she has been nominated.

Signature of Parent or Guardian Phone #

Signature of Witness Phone #

Date

Youth's Name Phone # (if different than guardians, Cell #)