



CHILDREN UNITING NATIONS ACADEMIC MENTORING PROGRAM

Mentee Referral

(For Use by School and Other Community Agency Staff)

Student Name: _____ DOB: _____ School: _____

Caregiver Name: _____ Phone: _____ Relationship: _____

Requested by:

<input type="checkbox"/> DCFS <input type="checkbox"/> Probation <input type="checkbox"/> School: _____	<input type="checkbox"/> Community Agency <input type="checkbox"/> Other: _____
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Referrer Name: _____ Title: _____

Phone Number: _____ Email: _____

Does the student want a mentor? Yes No Caregiver Consent? Yes No

Student Eligibility:

Must meet one of the following:

Kin-ship Care	Foster Care	Probation
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Must meet at least two of the following:

Low Academic Performance	Poor School Attendance
Social/Emotional Need	Discipline Issues

Please check additional areas of need (check all that apply):

Motivation	Anger Management	Empathy
Self-Esteem	Study Habits	Social Skills
Family Issues	Life Skills	Attitude

What particular interests/hobbies (in school or out), do you know about the student?

What strategies/learning models might be effective for a mentor working with this student?

In what specific subjects does the student need assistance?

What do you see as the students' area of strength?