



Creative Mentoring[®]

Teacher/Coordinator Referral Form

Thank you for taking the time to complete this form. Your answers will help this child's mentor build a positive relationship and will help the mentor plan activities for their mentoring sessions. PLEASE PRINT.

School _____ Date _____
Teacher _____ Grade _____
Teacher's Email _____ I do not want the mentor to email me
Student's Name _____ Room # _____
Student's Grade _____ Student's Gender _____ Student's Race _____
Mentor's Name _____ Regular mentoring time _____

Please indicate which of the following are the areas that you feel a mentor could help your student:

<input type="checkbox"/> Self esteem/self confidence	<input type="checkbox"/> Overcome shyness	<input type="checkbox"/> Overcome aggressiveness
<input type="checkbox"/> Sense of trust	<input type="checkbox"/> Ability to get along with others	<input type="checkbox"/> Ability to pay attention
<input type="checkbox"/> School Performance	<input type="checkbox"/> Develop gifts and talents	<input type="checkbox"/> Classroom behavior
<input type="checkbox"/> Other _____		

This child could use support in: Reading Math Science Social Studies

If known, please indicate the child's reading level: _____.

Please list any other academic areas where this child could use the most support.

I will support this child's mentor by providing:

reading materials math materials other academic activities.

Is there any other information you feel would be helpful to this child's mentor?

This child's lunch time is _____.

Please indicate what times and days of the week would be convenient for mentoring (including non academic periods in the day).