



## **Afro Canadian Caribbean Association Mentorship Program Mentee Referral Form**

**(For Use by School and Other Community Agency Staff)**

Youth name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_

School: \_\_\_\_\_

Requested by: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The child is being referred for assistance in the following areas (check all that apply):

Academic Issues [  ]

Behavioral Issues [  ]

Delinquency [  ] Vocational Training [  ]

Self-Esteem [  ] Study Habits [  ] Social Skills Peer Relationships [  ]

Family Issues [  ] Special Needs [  ] Attitude [  ]

Other, specify:

Why do you feel this youth might benefit from a mentor?

What 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