

# HINESIGHT

## Mentee Referral Form

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):

<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

\_\_\_\_\_ Overall Motivation for being successful

\_\_\_\_\_ Self-esteem

\_\_\_\_\_ Family support

\_\_\_\_\_ Communication skills

\_\_\_\_\_ Attitude about school/education

\_\_\_\_\_ Peer relations

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

Additional comments: