



# 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).

\*Please feel free to attach an additional sheet if necessary. The Mentor will receive a copy of this form.