

Monforton School Mentoring Program

Parent/Guardian Referral 2016-2017

Child's Name: _____ Date of Birth: _____

Circle: Male / Female Grade: _____ Teacher: _____

Home Address: _____ Phone: _____

Parent/Guardian Name: _____ Relationship: _____

Work Phone: _____ Email: _____

My child could benefit from support with:

<input type="checkbox"/> Self-Esteem	<input type="checkbox"/> Completing Classroom Work
<input type="checkbox"/> Expression of Feelings	<input type="checkbox"/> Classroom Behavior
<input type="checkbox"/> Making Decisions	<input type="checkbox"/> Getting Along with Adults
<input type="checkbox"/> Interests and Hobbies	<input type="checkbox"/> Trusting Others
<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Getting Along with Peers
<input type="checkbox"/> Attitude Towards School	<input type="checkbox"/> Family Relationships
<input type="checkbox"/> Participation in School Activities and Sports.	<input type="checkbox"/> Other

My child's strengths:

In what specific ways do you hope a Mentor will be able to help your child?

What are your child's main interests?

Other comments:

I think my child would work well with a carefully chosen:

_____ Adult Mentor _____ Middle School Mentor

I think my child could work well with a carefully chosen Mentor who is: ___ Male ___ Female (Check either or both, as appropriate for your child.)

In the event that my child is matched in the Adult Mentors For Monforton Program during this school year, I give full permission for the following:

Media Consent: I give permission for my child to be depicted in the Adult Mentor For Monforton Program through various forms of media, including, but not limited to, photography, quotes, video cinematography, drawings, or other formats for any purposes as deemed fit by the organization without any compensation to either my child or myself. I understand this also is not a guarantee that my child will be featured in any of the media coverage mentioned above.

Signature: _____

In signing this application I certify that I am the legal parent and/or guardian of the child mentioned above. I hereby give full permission for my child to be involved in the Adult Mentors For Monforton Program.

Parent/Guardian Signature: _____ **Date:** _____

Thank you for your input! Please understand that we can only accept a limited number of children every year, and that a referral does not guarantee entry into the program.