

Sumter School District Mentor Program



Mentee Referral Form

Youth's Name _____ Age _____ Grade _____

School _____ Requested by: _____

Position _____ Phone # _____

This 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 the 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 the highest) rate the student level of:

- ___ Academic performance
- ___ Social Skills
- ___ Self-Esteem
- ___ Family Support
- ___ Communication Skills
- ___ Attitude about school/education
- ___ Peer Relations

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

Additional comments:

Please return or mail all forms to:
Student Support Services
1345 Wilson Hall Road, Sumter, South Carolina 29150