



Children Uniting Nations

CHILDREN UNITING NATIONS ACADEMIC MENTORING PROGRAM

Mentee Referral

(For Use by School and Other Community Agency Staff)

Youth name: _____

Age: _____

Grade: _____

Parent/Guardian Name: _____ Phone: _____

Requested by:

- DCFS
- Probation
- LAUSD: _____
- Community Agency
- Other: _____

- Foshay Learning Center
- John Muir MS
- Virgil MS
- Gompers MS
- Bethune MS
- Drew MS
- Markham MS

Title: _____ Phone Number: _____

Email: _____

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"/>	Self-Esteem	<input type="checkbox"/>	Study Habits	<input type="checkbox"/>	Social Skills
<input type="checkbox"/>	Family Issues	<input type="checkbox"/>	Special Needs	<input type="checkbox"/>	Attitude

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?

In what specific subjects does the student need assistance?

Additional comments: