



Inspire Girls Mentoring Program

MENTEE REFERRAL INTAKE FORM

Child's name: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Age: _____ Grade: _____

School: _____

Requested by: _____

Position: _____ Phone Number: _____

This child is being referred for assistance in the following areas (check all that apply):

Academic Issues	Behavioral Issues	Delinquency	Vocational Training	
Self-Esteem	Study Habits	Social Skills	Peer Relationships	
Family Issues	Special Needs	Attitude	Other, specify:	

Why do you feel this child might benefit from a Mentor?

What particular interests, either in school or out, do you know this child has?

On a scale of 1-10 (10 being highest), rate the child's level of:

_____ Academic performance

_____ Social skills

_____ Self-esteem

_____ Peer relations

_____ Family support

_____ Communication skills

_____ Attitude about school/education



What specific academic subjects, if any, do the child need assistance with?

Additional comments: