

**YOUTH CONNECTIONS S.T.E.P. MENTORING PROJECT**  
**P.O. Box 50661, Atlanta, GA 30303**

**Mentee Referral**

Youth Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

How many siblings does the student have? Female \_\_\_\_\_ Ages \_\_\_\_\_

Male \_\_\_\_\_ Ages \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

- Academic issues     Behavioral issues     Delinquency     Substance Abuse  
 Self Esteem         Study Habits         Social Skills     Peer Relationships  
 Family Issues       Special Needs       Attitude         Violence

Why do you feel this youth might benefit from a mentor? \_\_\_\_\_

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What particular interests, either in school or out, do you know of that the child has?

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What strategies/learning models might be effective for a mentor working with this youth?

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

_____ Academic Performance	_____ Family Support
_____ Social Skills	_____ Communications Skills
_____ Self-esteem	_____ Attitude about school/education
_____ Peer Relations	_____ Behavior

In what subjects does the student need assistance? \_\_\_\_\_

