

Goodwill GoodGuides™ Youth Referral Form

Youth Name: _____

Age: _____ Grade: _____ Gender: _____

School: _____

Referred by: _____

Position: _____ Phone Number: _____

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

<input type="checkbox"/> Academic Issues	<input type="checkbox"/> Behavior Issues	<input type="checkbox"/> Delinquency	<input type="checkbox"/> Vocational Training
<input type="checkbox"/> Family Issues	<input type="checkbox"/> Special Needs	<input type="checkbox"/> Attitude	<input type="checkbox"/> Peer Relationship
<input type="checkbox"/> Self –Esteem	<input type="checkbox"/> Study Habits	<input type="checkbox"/> Social Skills	<input type="checkbox"/> 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 youth has?

On a scale of 1 – 10 (10 being highest) rate the student’s 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?

