



**Rites of Passage Youth Mentorship Program**  
**Mentee Referral Form**

Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Requested by: \_\_\_\_\_

Position: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. The youth is being referred for assistance in the following areas (check all that apply):

\_\_\_\_\_ Academic Issue(s)/Study Habit(s)

\_\_\_\_\_ Behavioral Issue(s)

\_\_\_\_\_ Career/Vocational Exploration

\_\_\_\_\_ Communication/Social Skill(s)

\_\_\_\_\_ Cultural Awareness

\_\_\_\_\_ Delinquency

\_\_\_\_\_ Family Issue(s)

\_\_\_\_\_ Peer Relationship(s)

\_\_\_\_\_ Self-Esteem

\_\_\_\_\_ Special Need(s)

\_\_\_\_\_ Other – Specify:

2. Why do you feel this youth might benefit from a mentor?

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

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

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

\_\_\_\_\_ Academic Performance

\_\_\_\_\_ Attitude about School/Education

\_\_\_\_\_ Career Objective(s)

\_\_\_\_\_ Communication/Social Skill(s)

\_\_\_\_\_ Cultural Awareness

\_\_\_\_\_ Family Support

\_\_\_\_\_ Healthy Peer Relationship(s)

\_\_\_\_\_ Self-esteem

6. With what specific academic subjects or supports, if any, does the student need assistance or require?

7. Additional comments:

**MIDAYNTA COMMUNITY SERVICES FAX # 416-440-3379**

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