

Capitol Educational Support

"Empowering Communities... One Child At A Time"



820 H St. N.E., Suite 101, Washington, D.C. 20002
Office: 202-543-2393 Fax: 202-315-3746

Mentoring Referral

Personal Information

Youth's Name: _____ Date: _____
Parent/Guardian Name: _____
Relationship to Youth: Mother _____ Father _____ Other, Please specify: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Youth's Social Security Number: _____ Doctor: _____
Insurance Provider: _____ Policy Number: _____
Date of Birth ____/____/____ Age: _____ Gender: Male _____ Female _____
Race/Ethnicity: White: _____ African American: _____ Hispanic: _____ Asian: _____ Other: _____
Name of School: _____ Grade: _____
Emergency Contact Name & Number: _____ Phone Number: _____

Please list all members of youth's household:

Name	Gender	Age	Relationship to Applicant
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Referred by: _____
Telephone Number: _____ Fax Number: _____

Youth is being referred for assistance in the following areas: (Please 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 academic issues (attendance, discipline problems, etc) _____

Grade Point Average / Recent Test Scores: _____
If youth is currently on probation, what is his/her charge? _____

Provide a description of events leading to youth being charged? _____

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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?

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

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 subjects, if any, does the youth need assistance?

Other obligations (employment, family, counseling, counseling, substance abuse therapy, religious, etc.): _____

Additional comments:
