

MISSION TRAIL MIDDLE SCHOOL
YOUTH MENTOR PROGRAM

Parent/Guardian:

In order to assist your child in the Youth Mentor Program, please tell us a little about your child and his/her needs.

Child's Name _____

Grade _____ Team: _____

IEP _____ 504 Plan _____ ELL _____

One parent in the home _____

Does not live with either biological parent _____

Why do you feel your child needs a Youth Mentor (what are your child's needs)? _____

What are your child's interests?

- Art Computer/Technology Crafts Math
 Engineering Fashion Music Nature
 Puzzles/games Reading Science Sports
 Other _____