CHISHOLM 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: Silver Green

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________________________________________________________