Student Referral Form

This form is to be completed by the Building Connector or Teacher and returned with the signed parent permission slip to Pam Wolfe at NLSC (North Lindenwood Support Center).

Date Submitted: ___________________ Building Connector: ________________________________

Student's Name: ________________________________________________________________

Grade: ___________________________ Gender: Male               Female

School: ___________________________ Teacher: _________________________________

Youth Mentor (if known yet): _______________________________________________________

Time student is available to meet with Youth Mentor:

Option One - Day: _________________ Time: _____________________
Option Two - Day: _________________ Time: _____________________

Student’s Demographic Category:

☐ ELL   ☐ IEP   ☐ Title I   ☐ AYP   ☐ Special Needs   ☐ One Incarcerated Parent   ☐ Two Incarcerated Parents

Student Needs:

☐ Academic   ☐ Anger   ☐ Career/Goals   ☐ ELL   ☐ Esteem   ☐ Literacy
☐ METS/STEM (Science, Technology, Engineering, Math)   ☐ Peer Interaction   ☐ Social

Student Interest:

☐ Art   ☐ Computer/Technology   ☐ Crafts   ☐ E-Mentoring   ☐ Engineering   ☐ Fashion   ☐ Math
☐ Music   ☐ Nature   ☐ Puzzles/Games   ☐ Reading   ☐ Science   ☐ Sports   ☐ Writing

Specific Goal Setting the Mentor Should Work On: ________________________________________

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For Office Use Only***********************************************************************************

Date on Waiting List________________________________________________________ Date Matched________________________________________________________

Youth Mentor Volunteer________________________________________________________________________________

Mentor from last school year 2015/2016_________________________________________________________________________________

S:NLSC/Youth Mentors/Olathe Student Referral Form 2016/2017