



STUDENT REFERRAL FORM

School: _____

Student's First Name: _____ Age: _____

Grade: _____ Teacher: _____ Date: _____

Student is available (times): _____

To help us better understand how to meet the mentoring needs of your student, please complete the following:

1. Why do you wish to recommend this student to receive a KIDS HOPE AUS mentor?

2. What do you notice as positive characteristics of this child?

3. How do you feel a mentor could assist this student in the following areas?

• Social _____

• Emotional _____

• Behavioural _____

• Academic _____

5. Please comment on any other information that might be helpful in working with this student (special interests, hobbies, family situations, trigger factors for behavior, strategies to manage behavior, etc). Use other side of sheet if necessary. This information is kept confidential at the school.
