

FOSTER HEART LINK MENTOR PROGRAM

Protégé Referral

(For Use by Agency Staff)

Youth name: _____

Age: _____ Grade: _____ Ethnicity: _____

School: _____

Case Manager: _____ Phone Number: _____

Email: _____

Signature: _____

Foster Parent: _____

Home address: _____

FP Phone Number: _____

The child is being referred for assistance in the following areas (check all that apply):

<input type="checkbox"/>	Academic	<input type="checkbox"/>	Behavioral	<input type="checkbox"/>	Delinquency	<input type="checkbox"/>	Vocational Training
<input type="checkbox"/>	Self-Esteem	<input type="checkbox"/>	Study Habits	<input type="checkbox"/>	Social Skills	<input type="checkbox"/>	Peer Relationships
<input type="checkbox"/>	Family Issues	<input type="checkbox"/>	Special Needs	<input type="checkbox"/>	Attitude	<input type="checkbox"/>	

Other, specify:

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 child 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 student need assistance?

Additional comments: