

OreMi Mentoring Program

Family Support Services of the Bay Area

MENTEE REFERRAL FORM

Instructions:

1. This referral is to be completed by an Adult/Parent/Guardian/Agency Worker. All information on this referral will be kept **confidential**. It will be used by the personnel of the OreMi Mentoring Program at Family Support Services of the Bay Area for administrative purposes only. **Submitting a referral form to the OreMi Mentoring Program does not guarantee acceptance or matching in our program.**

2. Print clearly in blue or black ink.

3. Please deliver in person, mail, or fax your completed referral form to:

OreMi Mentoring Program Coordinator
Family Support Services of the Bay Area
401 Grand Avenue, Suite 500
Oakland, CA 94610
Fax: 510-834-1548

Referral Date: ____/____/____ Referred by: _____

Name of referring agency or school: _____ Phone: _____

Youth name: _____
First Middle Last

Parent/Guardian Name: _____
First Middle Last

Street Address: _____ City: _____ Zip: _____

Home phone: _____ Work phone: _____

Age: _____ Gender: _____ School: _____ Grade: _____

Name of Incarcerated Parent: _____ Gender: _____

Expected Release Date of Incarcerated Parent (please include month and year) ____/____

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

Academic Issues	Behavioral Issues	Delinquency	Vocational Training	Early Parenting
Attitude	Study Habits	Social Skills	Adult Relationships	Peer Relationships
Family Issues	Specials Needs	Substance Abuse	Self-Esteem	Community Skills
Emotional Issues	Personal Hygiene	Decision Making	Self-Expression	Life Skills Training

Other, please specify:

Please be sure to complete both sides of this form.

On a scale of 1-10 (10 being highest) rate the child's level of:

_____ Academic performance

_____ Family support

_____ Social skills

_____ Community skills

_____ Self-esteem

_____ Peer relationships

_____ Attitude about school/education

_____ Adult relationships

_____ Contact with incarcerated parent

Why do you feel this youth might benefit from a mentor?

Briefly describe this youth's home and family environment.

To your knowledge, has this youth experienced any traumatic events (i.e., death in the family, abuse, divorce)? No Yes *If yes, please provide details.*

Has this youth been involved in the Juvenile Justice System?

No Yes *If yes, please explain:* _____

Has this youth ever been suspended and/or expelled from school?

No Yes *If yes, please explain:* _____

Describe the youth's school performance including grades, homework, attendance, behaviors, etc:

What subjects, if any, does the youth need assistance?

Does this youth have any particular interests, either in school or out?

Is this youth involved with any other organizations or support services? (tutoring, mentoring, counseling, youth groups, etc.)

Can you provide any additional background information that may be helpful in matching this youth with an appropriate mentor?
