



Teacher/Staff Referral Form

School: _____

Requested by: _____
Name of teacher/support staff

Student Name: _____ Grade: _____ Age: _____

Date: _____

PLEASE TURN IN REFERRALS TO THE SCHOOL OFFICE

Please take time to fill out all questions on this form to the best of your ability. Feel free to write on the back or add additional pages if needed. The more information we have, the better match we will be able to make, giving each student a better chance at getting paired with a great mentor.

Reason for referral:

Please also note which of the following characteristics apply to the student

- Academic issues
- Behavioral issues
- Social issues
- Single-parent family status
- Lack of positive adult role models
- Going through a rough time in life caused by some life situation

Please rate this student's need for a mentor

- Extreme need
- Moderate need
- Slight need

Describe student, including strengths and weaknesses:

Describe student's family:

Describe successful strategies useful with this student:

Medical concerns of which mentor should be aware:

All information is CONFIDENTIAL except when abuse, harm, or neglect is suspected.

*Thank you for your referral - **– please give the completed form to the principal or secretary.***

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