



Big Brothers Big Sisters of St. Johns County
Site-Based Mentoring Program

SCHOOL REFERRAL FORM

Date: Student's Name:

Gender: Race: Age: Grade:

School: Teacher:

The child is being referred for assistance in the following areas:

- School performance, Behavior, Low self esteem, Family/peer issues, Attendance, Incarcerated parent, Other:

Comments:

What academic area does the child need the most help with?

What is the child's academic baseline in this area (A, B, C, D, F)? (please do not leave blank)

What is the child's behavioral baseline? Unacceptable, Needs Improvement, Satisfactory, Exceeds Expectations, Exemplary

Does the child receive ESE services? Yes No Does the child have an IEP? Yes No

Who does the child live with? (Name/Relationship)

In what specific ways do you think a Big Brother or a Big Sister can help this child?

Describe the student's personal interests/strengths:

Are there any time constraints in scheduling when this child can meet with a mentor? (If yes, please indicate)

Other Comments:

Signature

Date

Position at School

Email Address