

Teacher's Student Referral Form

KIDS HOPE USA Mentoring Program

Sutton Elementary School

Student's name _____ Grade _____

Teacher's name _____ Rm # _____

- List two positive characteristics or talents of this student.

1. _____

2. _____

- Check and list the areas or skills that this student needs to improve.

___ Self esteem ___ Social ___ Academic ___ Communication

Others? _____

- What specific objectives(s) would you like the mentor to target?

1. _____

2. _____

3. _____

- Give information that you think might be helpful to the mentor.
(Special interests, hobbies, family situations, limitations, talents)

- List additional any special services the child receives:
(speech, counseling, etc.) _____

Use back to make additional comments or suggestions.