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.