



St. Mary's County Mentoring Program Referral Form



Date: _____

Referring Agency: _____

Youth's name: _____ Gender: M__ F__ Other__ Pronouns _____

Age: _____ School/Program: _____ Grade: _____

Ethnicity (optional) __African/Black __Asian __Caucasian __Hispanic/Latino __Pacific-Islander
__ Native American _____ Other

Parent(s) Guardian(s) name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

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

Academic performance: _____ Attitude about education: _____

School Attendance: _____ Communication skills: _____

Social skills: _____ Family Support: _____

Peer relations: _____ Self-esteem: _____

Check off all categories that apply:

Foster Youth: _____ IEP: _____ LGBT+: _____

What is the status of the student's legal involvement?

None _____ Past _____ Current _____ Unknown _____

Why might this student benefit from a mentor/additional comments?

Additional comments or other areas of concern:

Has the parent been identified about the mentoring program? Yes or No

Please return to: St. Mary's County Mentoring Program at mentoring@stellasgirls.org

Stella's Girls
stellasgirls.org
Phone: 240-660-0846
email: mentoring@stellasgirls.org