



Student Referral Form

This form is to be completed by the Building Connector or Teacher and returned with the signed parent permission slip to Pam Wolfe at NLSC (North Lindenwood Support Center).

Date Submitted: _____ **Building Connector:** _____

Student's Name: _____

Grade: _____ **Gender:** **Male** **Female**

School: _____ **Teacher:** _____

Youth Mentor (if known yet): _____

Time student is available to meet with Youth Mentor:

Option One - Day: _____ **Time:** _____

Option Two - Day: _____ **Time:** _____

Student's Demographic Category:

- ELL IEP Title I AYP Special Needs One Incarcerated Parent Two Incarcerated Parents

Student Needs:

- Academic Anger Career/Goals ELL Esteem Literacy
 METS/STEM (Science, Technology, Engineering, Math) Peer Interaction Social

Student Interest:

- Art Computer/Technology Crafts E-Mentoring Engineering Fashion Math
 Music Nature Puzzles/Games Reading Science Sports Writing

Specific Goal Setting the Mentor Should Work On: _____

***** **For Office Use Only** *****

Date on Waiting List _____ **Date Matched** _____

Youth Mentor Volunteer _____

Mentor from last school year 2015/2016 _____