MENTORING CHECKLIST/REFERRAL FORM

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_ Person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please check the characteristics appropriate to this student.***

**Grades:**

* Achieving below potential
* In danger of/currently failing
* Attitude affecting work
* Always behind in class
* Fails tests/quizzes

**Behavior:**

* Defiant/requires disciplinary action
* Irresponsible/loses everything
* Hyperactivity/nervousness
* Cries in class
* Argumentative/defensive
* Frequently teased or “made object of fun”
* Withdrawn/loner
* Change in friends
* Frequently/easily upset
* Older social group
* Frequent attention-seeking behavior
* Is verbally or physically abusive to others

**Specific Concerns:**

* Talks about home problems
* Has run away
* Talks freely about alcohol and/or other drug use
* Other students talk about this student’s abuse of alcohol or drugs
* Student lives with someone who is chronically/terminally ill
* Friend or relative has died

**Attendance:**

* Frequently absent
* Frequently tardy
* Cuts class and/or has skipped school
* Lies or exaggerates about a situation or event
* Sleeps in class
* Lethargic/blank stares
* Frequently asks to leave the room
* Poor hygiene/signs of neglect
* Sudden change in weight or appearance
* Smells of alcohol and/or other drugs
* Bloodshot eyes/wears sunglasses indoors
* Has frequent or unusual bruises, cuts or marks on body
* Appears sad or depressed
* Student has been abused
* Student has difficulty making friends
* Student or students’ girlfriend is pregnant
* Student talks about hurting him/herself
* Student talks about hurting others
* Alcohol or other drug problems in the family

**This student exhibits the following assets:**

**Support:**

* Supportive family
* Parents who help him/her succeed
* Utilizes other adults for support
* Student views parents as accessible resources for help

**Boundaries:**

* Parents discipline the student when rules are broken
* Parents set clear standards for appropriate behavior
* Student has friends who model responsible behavior
* Student spends time at home with family members

**Use of Time:**

* Student is involved in activities outside of school
* Student is involved in religious services/programs
* Student participates in community activities
* Student is involved in music or art activities

**Positive Values:**

* Student likes to help others
* Is concerned about homelessness or hunger of others
* Cares about other people’s feelings
* Believes it is important to avoid dangerous activities

**Social Competence:**

* Stands up for personal beliefs
* Is good at making friends
* Makes responsible choices
* Can plan ahead
* Feels good about him/herself
* Is optimistic about his/her future

**Educational Commitment:**

* Student wants to do well in school
* Student talks about future plans/goals
* Student spends time on homework

**Prior Interventions With This Student/Parents**

* Talking with the student about my concerns
* Behavior/grade contract with the student
* Phone conference with parent
* Family/parent conference
* Talked to counselor/social worker
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_