



PO Box 101 • Windsor, VT 05089 • 802-674-5101 • info@wcmentors.org • www.wcmentors.org

School and Agency Referral Form

Windsor County Mentors is a mentoring program for youth aged 7-18 who are in need of a caring, adult friend. Using this form, Windsor County **youth aged 7-12 can be referred** to WCM by school or agency personnel. As mentors become available, WCM determines which potential mentees are most suitable for matching with a given adult. Because of limited resources, not all referred youth will be matched, but we will do our best.

Please do not hesitate to contact us with any questions at ProgramsWC@outlook.com or 802-674-5101.

*The parent or guardian should provide any information you need to complete this form and should also sign a completed **Release of Information Form**. Please also verify that the family intends to stay in Windsor County.*

Fill in PDF and email forms to: ProgramsWC@outlook.com or print and mail both forms to: **Windsor County Mentors, P.O. Box 101, 54 Main St, Windsor, VT 05089**

Person Making the Referral _____

Agency _____

Address _____ Email _____

Telephone Number _____ Date _____

Child & Family Information

Child's Name _____

Age _____ Date of Birth _____ Gender _____

Mailing Address _____

City _____ Zip _____

Street Address (if different than above) _____

Parent/Guardian's Name(s) _____

Home Telephone _____ Work Telephone _____

Parent Email _____

Other Individuals living in the home:

Child's Education

School _____ Grade _____

Homeroom Teacher _____

School Counselor _____

School Activities _____

Support Services

Does this child have a mentor through another program? _____

Are there any other agencies currently assisting the family? _____

If yes, please name the agencies and the contact people, if known. _____

Referral Background

Briefly, describe the reason for your referral. _____

What are your goals for the child within the mentorship? _____

What was the parent's reaction when you discussed the program with them? _____

If this child is matched, are there any problems that you would anticipate? _____

What activities does the child enjoy? _____

How active/energetic is the child? _____

Behavior

Please respond to the following using what you know, with input from the parent where feasible.
If you do not know the correct answer for a given issue, please leave that item unanswered.

1. School Issues

- _____ No identified problems.
- _____ Behavioral problems handled at school level.
- _____ School behavior requires outside intervention/truancy.

2. Attitudes Toward Other People

- _____ Respectful, sensitive.
- _____ Disregard for others, insensitive.
- _____ Violent toward people or property.

3. Peer Relations

- _____ Not a problem.
- _____ Relationships not age appropriate/no friends.
- _____ Involved in negative behavior with peers.
- _____ Involved in negative behavior independently.

4. Drug or Alcohol Use

- _____ No known use or known interference with functioning.
- _____ Acknowledged experimental use.
- _____ Substance abuse causing disruption of functioning.

5. Running Away

- ☐ History of running away?
☐ 1 to 3 instances of running away.
☐ 4 or more instances of running away.

6. Sexual Adjustment

- ☐ No apparent difficulties.
☐ Sexual adjustment and behavior problems that jeopardize the emotional and/or physical health of the youth.
☐ Chronic or severe problems that jeopardize others, including sexually exploitative or deviant behavior.
☐ High risk of pregnancy.

7. Interactions with Adults

- ☐ Not a problem.
☐ Limited ability to form relationships with adults.
☐ Major inability to form relationships with adults.

8. Physical Health

- ☐ No identified problems.
☐ Disability limits functioning. Please explain:

Family Situation

1. Family Relationships

- ☐ Relationship stable.
☐ Some disorganization or distress.
☐ Major disorganization or stress or negative involvement with youth.

2. History of Abuse/Neglect

- ☐ No identified problem.
☐ Exposed to domestic abuse/violence. ☐ Suspected ☐ Known
☐ Subject of physical, emotional abuse or neglect. ☐ Suspected ☐ Known
☐ Subject of sexual abuse. ☐ Suspected ☐ Known

Please explain. _____

3. Substance Abuse in the Family

- ☐ No known substance abuse.
☐ Suspected abuse by parent(s).
☐ Known abuse by parent.

4. Is either parent incarcerated? ☐ Yes ☐ No