



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

Parent 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 VT or Sullivan County NH youth aged 7-12 can be referred to WCM by parents or guardians. As mentors become available, WCM will determine 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.

This form can be filled out digitally using the blue boxes. Referral sources, please keep a copy for your files, provide the parent with a copy and email this form along with the **Release of Information Form** to: info@wcmentors.org

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

*The parent/guardian should also sign a completed **Release of Information Form** and confirm that your family intends to remain in Windsor County.*

Person Making the Referral_____

Relationship to Child_____

Mailing Address_____

City _____ State _____ Zip _____

Street Address (if different than above) _____

Email_____

Telephone Number_____ Date_____

Child & Family Information

Child's Name_____

Age_____ Date of Birth_____ Gender_____

Address (if different than above) _____

City _____ State _____ Zip _____

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 your child have a mentor through another program? _____

Are there any other agencies currently assisting your 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 your child within the mentorship? _____

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

What activities does your child enjoy? _____

How active/energetic is your child? _____

Behavior

Please respond to the following using what you know. If you do not know the answer for a given issue, please leave that item blank.

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
- ____ Known substance abuse

5. Running Away

- ____ No history of running away
- ____ 1 to 3 instances of running away
- ____ 4 or more instances of running aware

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 behavior, deviant behavior, or prostitution
- ____ 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. Health

____ No identified problems

____ Disability limits functioning - Please explain:

Family Situation

1. Family Relationships

____ Relationship stable

____ Problems with brothers or sisters

____ Problems with adults in household

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

5. Will you be in your home or the immediate area for at least the next year? _____