Youth name: ______________________
Age: ___________________
Grade: _________________

Mentee Referral
(For Use by School and Other Community Agency Staff)

□ Foshay Learning Center
□ John Muir MS
□ Virgil MS
□ Gompers MS
□ Bethune MS
□ Drew MS
□ Markham MS

Parent/Guardian Name: ________________________    Phone: __________________

Requested by: □ DCFS
□ Probation
□ LAUSD: ________________
□ Community Agency
□ Other: ________________

Title: _______________________   Phone Number: _________________________

Email: ___________________________________________

The child is being referred for assistance in the following areas (check all that apply):

<table>
<thead>
<tr>
<th>Academic Issues</th>
<th>Behavioral Issues</th>
<th>Delinquency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Esteem</td>
<td>Study Habits</td>
<td>Social Skills</td>
</tr>
<tr>
<td>Family Issues</td>
<td>Special Needs</td>
<td>Attitude</td>
</tr>
</tbody>
</table>

Other, specify:

Why do you feel this youth might benefit from a mentor?

What particular interests, either in school or out, do you know of that the child has?

What strategies/learning models might be effective for a mentor working with this youth?

In what specific subjects does the student need assistance?

Additional comments:

Please send to Adrienne Popeney:
academic@childrenunitingnations.org
Ph: 323.944.0500    Fax: 323.944.0500