Aim High Mentoring Student Needs Assessment Form

Your opinions are important and will be helpful in finding the most suitable mentor for your student. All information will be kept confidential. I would like to thank you in advance for taking the time to help your student and make the mentoring program a success. Please call me at the high school ext.2209 if you have any questions.

Thank you! Teresa Tucker, Mentoring Coordinator

Student's name	Race	Gender	Grade	
Length of time you have	e known student			
Has the student been ret	ained?			
Has the student been ide	entified for Special	Education or cons	sidered special need	ds? If so,
list:			_	
Does the student have a	discipline problem	?		
Academic Strengths:				
Academic Weakenesses	:			
Describe students intera figures:		•		
Indicate any specific p				
Parent/child relationship	D:			
Parent involvement in se	chool:			
Economic deprivation:_				
Social Skills:				
Self Esteem:				
Physical Disability(spec	cify)			
Medical Conditions:HD	, ADD, ADHD, etc	:		
tardyabsent	eeismd	lisciplinary referr	als	
Please tell me all you kr	now about the child	's family and livi	ng situation:	

Is there a parent/guardian or significant adult to the child that is incarcerated?

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Does the student receive services from other agencies or professionals? Specify:	
What type of Mentor do you feel would best be suited to meet this student's needs and personality?	
What do you want the Mentor to do with the child?(ex. Call out spelling words, listen to his buddy, help with homework, sit in class to keep on task)	
Please list all possible days and times that the child may meet with his/her Mentor for minutes:	about 30-45
Teacher Signature:Da	ate: