



LUK Mentoring Program Referral Form



Date: _____

Requested by: _____

Youth's name: _____ Gender: M___ F___ Age: _____

School/Program: _____ Grade: _____

Check box:

Parent(s) Guardian(s) name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

On a scale of 1-10 (10 being the highest) rate the student's level of:

Academic performance: _____

Attitude about education: _____

School Attendance: _____

Communication skills: _____

Social skills: _____

Family Support: _____

Peer relations: _____

Self-esteem: _____

Check off all categories that apply:

Foster Youth: _____

IEP: _____

What is the status of the student's legal involvement?

None _____ Past _____ Current _____ Unknown _____

Why might this student benefit from a mentor/additional comments?

Additional comments or other areas of concern:

Has LUK Mentoring been introduced to the student? Yes or No

Has LUK Mentoring been introduced to the parent/guardian? Yes or No

Please return to: LUK Mentoring Program

545 Westminster Street

Fitchburg, MA 01420

Phone: 800-579-0000

Fax: 978-345-1076

40 Southbridge Street

Worcester, MA. 01608

Phone: 508-762-3000

Fax: 508-438-1492