

STUDENT NOMINATION FORM – To be completed by school staff

SCHOOL NAME: _____ * *This form must be completed in order for the student to participate.*

The following information is collected for matching and statistical purposes only and does not indicate participation requirements.

CHILD INFORMATION		
Name:	Date of Birth (m/d/y):	Gender Identity:
Ethnicity (optional):		Additional Languages Spoken:
Grade:	Teacher:	Teacher's email:

* Teacher's info is to be shared with Coordinator or volunteer for correspondence regarding where help is needed from volunteer

Why would this student benefit from having a Study Buddy?

Does the student want a Study Buddy? Yes / No / Unsure but open to learning more

How would you characterize the student's behaviour/personality?

What are the student's favourite and least favourite school subjects? If uncertain, please ask the student.

What are the student's strongest and weakest school subjects?

Please list any emotional or behavioural difficulties this student is experiencing.

Has the student's family dealt with professionals/MCFD about any issues? Yes / No

If yes, please provide the names of the professionals: _____

Does the student have a designation? Yes / No

If yes, please provide the designation(s): _____

Is this student new to Canada? Yes / No **How long has the child lived in Canada?** _____

Does this student come from a single parent home? Yes / No / Unknown

Please provide any other comments that you would like us to know:

Your Name: _____ **Position:** _____ **Date:** _____