

IN-SCHOOL MENTORING – Mentee Nomination (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 the Mentoring Coordinator or volunteer for correspondence regarding absenteeism

Why would this student benefit from having a mentor?

Does the student want a mentor? Yes No Unsure but open to learning more

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

Does the student prefer physical activities (i.e. sports, tag, skipping) or non-physical activities (i.e. reading, board games, crafts)? List at least 4 of the student's interests and favourite activities. If uncertain, please ask the student.

Please list any medical issues or concerns this student has. (Allergies, asthma, etc.)

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:** _____