



STUDENT REFERRAL FORM

Date: _____

Student _____ Grade _____

School _____ Teacher _____

Parent/Guardian Name _____ Phone _____

Best day/time to meet (two choices) : _____

Reason(s) why this student would benefit from the services of a CTC volunteer:

Student's personal interests/hobbies:

Family relationships of interest to the mentor:

Skills, subjects or everyday situation this student might need assistance with:

List some specific strategies the mentor might use to assist this student (e.g. talking, reading, listening, playing various games, etc.):

Confidential information that will help CTC in matching this student**:

Person making this report _____ Date _____

Signature _____ Title _____

Confidential information will not be shared with the mentor. Teachers please return this form to Communities That Care via interoffice mail.