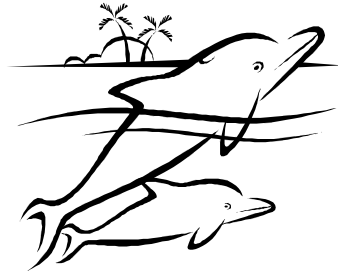


Noble Avenue Elementary

Adopt-a-Dolphin  
Mentoring Program

Student Referral Form



Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Person Making Referral: \_\_\_\_\_

Concerns About This Student (Mark all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Academic                             | <input type="checkbox"/> Known Family Problems                 |
| <input type="checkbox"/> Behavior                             | <input type="checkbox"/> Health <small>(specify)</small> _____ |
| <input type="checkbox"/> Social-Emotional                     | <input type="checkbox"/> Hygiene                               |
| <input type="checkbox"/> Lack of Supervision at Home          | <input type="checkbox"/> Poverty- lack of clothing/ food       |
| <input type="checkbox"/> Bullying/ risk of gang participation | <input type="checkbox"/> Newcomer/ low English                 |

Describe in words what your concerns about this student are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, describe your history of contact with his/her parents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have someone in mind as a potential mentor for this child? \_\_\_\_\_

If so, who and why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Office Use Only

Mentor Assigned \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

Return to Seth Avery, Intervention Coordinator