

SCHOOL STAFF REFERRAL FORM

Student's Name _____ Age _____ Gender _____ Race _____

School _____ Grade _____ Teacher _____

Teacher E-mail: _____

Parent/Guardian Name: _____

Have you asked the child if he/ she is interested in the program? _____

Have you mentioned this program to the child's parent/ guardian? _____

Has application been given to parent/guardian? (Please list date if possible) _____

I am referring this child for a (*choose all that are applicable*): Lunch Buddy After School Buddy

Lunch Buddy Program: A volunteer meets with a child during the child's lunch period to have lunch and talk once a week for the school year. The volunteer may accompany the child to recesses if both parties are comfortable.

After School Buddy: A high school student volunteer meets with an elementary/middle school student once a week after school for an hour in a BBBS staffed/school staffed area for the school year.

The child is being referred for assistance in the following areas:

School performance Classroom behavior Low self esteem Other

Comments: _____

In what specific ways do you think a Big Brother or a Big Sister can help this child? _____

Are there any time constraints in scheduling when this child can meet with a mentor? (If yes, please indicate) _____

Other Comments: _____

Signature

Date

School Position: _____