

Post Falls School Mentoring Program

Request for a Mentor

Please attempt to provide as much information as possible and return this form immediately. Don't worry about answering all of the questions if you don't have the information. Your comments are confidential. Attach additional pages, if necessary.

Date of application: _____

Student _____

Boy ___ Girl ___ Date of Birth _____

Teacher _____ Grade _____

School _____

Mother's name _____

Phone # _____

Address _____

City _____ Zip _____

Father's Name _____

Phone # _____

Address _____

City _____ Zip _____

School attendance, frequently: _____ absent _____ tardy _____ visits to the principal

Please explain why this student would benefit by having a volunteer mentor: _____

What kind of mentor would best fit in with this student's need? _____

List below some specific strategies that mentor might use to assist this student: _____

Please describe the child: _____

What is the student's level of academic achievement? (L)=low (M)=medium (H)=high

_____ Math _____ Reading _____ Spelling _____ Comprehension _____ Written Language

_____ Fine Motor Skills _____ Other? _____

Competencies/Strengths (check those that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Sense of humor | <input type="checkbox"/> Asks for help appropriately | <input type="checkbox"/> Listens |
| <input type="checkbox"/> Cooperates will with others | <input type="checkbox"/> Problem-solves well | <input type="checkbox"/> Plans well |
| <input type="checkbox"/> Ability to stay on tasks | <input type="checkbox"/> Handles conflicts appropriately | <input type="checkbox"/> Sets goals |
| <input type="checkbox"/> Ability to make and keep friends | <input type="checkbox"/> Good communication skills | <input type="checkbox"/> Articulates feelings |
| <input type="checkbox"/> Ability to follow through with tasks | <input type="checkbox"/> Follows instructions | <input type="checkbox"/> Joins in |

Please mark activities which the student enjoys (+) or needs help with (√):

- | | | |
|---|---|--|
| <input type="checkbox"/> Read to an adult | <input type="checkbox"/> Knit/Sew projects | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Listen to an adult read | <input type="checkbox"/> Learn a foreign language | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Practice spelling | <input type="checkbox"/> English composition | <input type="checkbox"/> Sports? _____ |
| <input type="checkbox"/> Share family's culture & customs | <input type="checkbox"/> Music? _____ | _____ |
| <input type="checkbox"/> Art projects | <input type="checkbox"/> Have lunch together | <input type="checkbox"/> Music _____ |
| <input type="checkbox"/> Practice Math | <input type="checkbox"/> Visit school library | <input type="checkbox"/> Games _____ |
| <input type="checkbox"/> Science projects | <input type="checkbox"/> Other (specify _____ | _____ |

Child shows an interest in: _____

Is there other pertinent information that would make the adult/student match more successful? _____

Does the child have special needs? _____

Teacher: Would it be all right for the volunteer to meet with the student for an hour a week during class time?

Yes No Any Suggestions: _____

Your name and title: _____

(Parent, Guardian, Teacher, Counselor, etc.)

THANK YOU !

Please return to:

Post Falls School District #273
Jerry Spreen, Mentoring Coordinator
PO Box 40, Post Falls ID 83877
208-773-1681 fax 208-777-2572