**Before completing this form, please make sure the youth you are referring to The Viscardi Center’s Mentoring Initiative (VCMI) meets all of the Mentee Requirements:**

* Must be between the ages of 11-17
* Must have a disability
* Must have a learning or physical disability, ADHA, or an “at-risk” youth as a result of criminal involvement/victimization
* Must live within Long Island or NYC’s Five Boroughs

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| **Youth Contact Information** | |
| Name of youth: | Youth email address: |
| Youth home phone: | Youth cell phone: |
| Youth street address (please include apartment number, city and zip code): | |
| **Parent/Guardian Contact Information** | |
| Parent/Guardian name: | Relationship to youth: |
| Cell phone: | Home phone: |
| Work phone: | Email address: |
| Parent/Guardian street address (please include apartment number, city and zip code). If it is the same as youth’s, please write “same”: | |
| **Referring Party Contact Information (if NOT Parent/Guardian)** | |
| Name: | Relationship to Youth: |
| Company/Organization: | Email: |
| Work Phone Number/Extension: | Cell Phone: |
| **Youth Demographics** | |
| Date of birth: | Gender: |
| Highest Level of education:   * Elementary School (Kindergarten – Grade 5) * Middle School (Grades 6 – 8) * High School (Grades 9 – 12) | Race & Ethnicity (Mark all that apply):   * Asian * Black * Hispanic/Latino * Middle Eastern * Multiracial * Native American * Pacific Islander * White * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Language(s) spoken at home: |
| Does this youth self-identify as having a disability? | To your knowledge, is youth comfortable discussing disability-relevant information? |

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| **Reason for Referral** |
| Why do you feel this youth might benefit from a Mentor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| This youth is being referred to VCMI for guidance/support in the following areas (check all that apply):  ⬜ Academic Issues ⬜ Attendance Issues ⬜ Attitude ⬜ Behavioral Issues ⬜ Delinquency  ⬜ Family Issues ⬜ Peer Relationships ⬜ Self-Esteem ⬜ Social Skills ⬜ Special Needs  ⬜ Study Habits ⬜Vocational Training ⬜ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| On a scale of 1–10 (10 being highest) rate the youth’s level of:  Academic performance \_\_\_\_\_ Family support \_\_\_\_\_ Social skills \_\_\_\_\_ Communication skills \_\_\_\_\_  Self-esteem \_\_\_\_\_ Attitude about school/education \_\_\_\_\_ Peer relations \_\_\_\_\_ |
| Have you previously discussed Mentorship with the youth or their family/parents/guardians? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If so, what was their reaction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What particular interests, either in school or out, do you know this youth has? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What strategies/learning models might be effective for a Mentor working with this youth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| With what specific academic subjects, if any, does the youth need assistance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Disability Information** | | |
| The term “disability” may be used very broadly, spanning from physical disabilities to learning disabilities to mental health and health conditions. To your knowledge, please mark all that apply to the youth whom you are referring to VCMI, and provide any additional information as needed. | | |
| *Developmental*   * Autism spectrum * Down syndrome * Fragile X syndrome * Sensory integration disorder | *Intellectual*   * Brain injury * Cognitive delay | *Learning*   * Auditory processing disorder * Dyscalculia * Dyslexia * Non-verbal learning disorder |
| *Physical*   * Ataxia * Cerebral palsy * Muscular dystrophy * Scoliosis * Spina bifida | *Communication*   * Aphasia * Articulation Disorder * Fluency Disorder * Language challenge (expressive or receptive) * Non-verbal * Tourette | *Sensory*   * Hard of hearing or deaf * Visual impairment or blind |
| *Mental* *Health*   * ADHD * Anxiety * Bipolar * Depression * Eating Disorder * Obsessive-compulsive * Oppositional Defiant Disorder * Post-traumatic stress * Schizophrenia | *Health*   * Asthma * Blood disorder * Cancer * Diabetes * Epilepsy * Immune disorder | *Other* |
| Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |