



Windsor County Partners

MENTORS for YOUTH

PO Box 101, Windsor, VT 05089 • 802-674-5101 • www.WCPartners.org • info@WCPartners.org

REFERRAL FORM

Windsor County Partners is a youth mentoring program for young people in Windsor County, ages 8–17, who are in need of a caring, adult friend. The information on this form is used to determine if a referral to Windsor County Partners is appropriate and to assist us in matching your child with a Senior Partner. We hope that this form will also help you, understand the factors that we consider in making a decision about whether to accept a young person into the program. When finished, *mail everything to: Windsor County Partners, P.O. Box 101, Windsor, VT 05089.*

I. Referral Source

Person Making the Referral _____

Relationship to Child _____

Address _____ Email _____

Telephone Number _____ Date _____

II. Child's Information

A. Identifying Data

Child's Name _____

Age _____ Date of Birth _____ Gender _____

Mailing Address _____ City _____ Zip _____

Street Address (if different than above) _____

Parent/Guardian's Name(s) _____

Home Telephone _____ Work Telephone _____

Parent e-mail _____

Other Individuals Living in Home _____

B. Education

School _____ Grade _____

Homeroom Teacher _____

School Counselor _____

C. Support Services

Does your child have a mentor with another program? _____

Are there any other agencies currently assisting your family? _____

If yes, please name the agencies and the contact people, if known. _____

D. Referral

Briefly, describe the reason for your referral. _____

Is this child at risk of becoming involved with the legal system? _____

If yes, how? _____

What would you like this child to gain from having a mentor? _____

If this child is matched, are there any problems that you would anticipate? _____

What activities does the child enjoy? _____

How active/energetic is the child? _____

What type of volunteer do you think would work best with the child? _____

III. Background Information

A. Individual Behavior

The following are designed to inform us about your child. Please check the most appropriate description to the best of your knowledge. Blank space is provided after each to explain further.

1. School Issues

- No identified problems.
- Behavioral problems handled at school level.
- School behavior requires outside intervention/truancy.
- Expelled/not attending and not working.

2. Attitudes toward other People

- Respectful, sensitive.
- Disregard for others, insensitive.
- Violent toward people or property.

3. Peer Relations

- Not a problem.
- Relationships not age appropriate/no friends.
- Involved in negative behavior with peers.
- Involved in negative behavior independently.

4. Drug or Alcohol Use

- No known use or known interference with functioning.
- Acknowledged experimental use.
- Known substance abuse.

5. Running Away

- No history of running away.
- 1 to 3 instances of running away.
- 4 or more instances of running away.

6. Sexual Adjustment

- No apparent difficulties.
- Sexual adjustment and behavior problems that jeopardize the emotional and/or physical health of the youth.
- Chronic or severe problems that jeopardize others, including sexually exploitative behavior, deviant behavior, or prostitution.
- High risk of pregnancy.

7. Relationships

_____ My child has experienced loss or separation.

_____ There is joint custody.

_____ I have sole custody.

8. Physical Health

_____ No identified problems.

_____ Handicap condition or illness limits functioning. Please explain: _____

B. Family Situation

1. Family Relationships

_____ Relationship stable.

_____ Problems with brothers and/or sisters.

_____ Problems with adult(s) in household.

2. History of Abuse/Neglect

_____ No identified problem.

_____ Exposed to domestic abuse/violence. _____ Suspected _____ Known

_____ Subject of physical, emotional abuse or neglect. _____ Suspected _____ Known

_____ Subject of sexual abuse. _____ Suspected _____ Known

Please explain. _____

3. Substance abuse in the family

_____ No known substance abuse.

_____ Suspected abuse by parent(s).

_____ Known abuse by parent.

4. Is either parent incarcerated?

_____ Yes _____ No

5. Will you be in your home or immediate area (within 20 min. of your current home) for at least the next 12 months? We ask a minimum 12 month commitment.

_____ Yes _____ No