



# Windsor County Partners

MENTORS for YOUTH

PO Box 101, Windsor, VT 05089 • 802-674-5101 or 800-491-5101 • [www.WCPartners.org](http://www.WCPartners.org) • [info@WCPartners.org](mailto: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, as the parent or guardian, 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):

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Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Other Individuals Living in Home: \_\_\_\_\_

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**B. Education**

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

Homeroom Teacher:

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School Counselor:

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**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.

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**D. Referral**

Briefly, describe the reason for your referral: \_\_\_\_\_

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

If yes, how? \_\_\_\_\_

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

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

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What activities does the child enjoy? \_\_\_\_\_

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How active/energetic is the child? \_\_\_\_\_

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

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### III. Background Information

#### A. Individual Behavior

The following are designed to inform us of specific problem areas for 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:

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**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. Does your child currently have a mentor?**

Yes \_\_\_\_\_ No \_\_\_\_\_