



Windsor County Partners

MENTORS for YOUTH

PO Box 101, Windsor, VT 05089 • 802-674-5101 or 800-491-5101 • www.WCPartners.org • info@WCPartners.org

REFERRAL FORM

Windsor County Partners is an early intervention youth mentoring program for young people in Windsor County, aged 8–17, who are in need of a caring, adult friend. The information on this form is used to determine whether a referral to Windsor County Partners is appropriate and to assist us in matching a child with a Senior Partner. We hope that this form will also help you, as the referral source, understand the factors that we consider in making a decision about whether to accept a young person into the program and in determining the priority of placement.

*Please have the parent help you to complete this form, as necessary, and sign the enclosed **Release of Information Statement**. When finished, **mail everything to: Windsor County Partners, P.O. Box 101, Windsor, VT 05089.***

I. Referral Source

Person Making the Referral _____

Agency _____

Address _____

Email _____ Telephone Number _____

Date _____

If you are a guidance counselor, teacher, or other school employee, it is helpful for us to have your home telephone number in the event that we need to reach you during the summer or school vacations.

II. Child's Information

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 _____

Email _____

Other Individuals living in the home _____

Education

School _____ Grade _____

Homeroom Teacher _____

School Counselor _____

School Activities _____

Support Services

Does this child have a mentor through another program? _____

Are there any other agencies currently assisting the family? _____

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

Referral

Briefly, describe the reason for your referral. _____

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

If yes, how? _____

What are your goals for the child within the partnership? _____

What was the parent's reaction when you discussed the program with them?

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

Individual Behavior

The following are designed to inform us of specific problem areas. Please check the most appropriate description to the best of your knowledge. Blank space is provided after each to give you the opportunity to explain further. Use the back if necessary.

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.
- Substance abuse causing disruption of functioning.

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. Adult Relationships

- Not a problem.
- Limited ability to form relationships with adults.
- Major inability to form relationships with adults.

8. Physical Health

- No identified problems.
- Handicap condition or illness limits functioning.

Family Situation

1. Family Relationships

- Relationship stable.
- Some disorganization or distress.
- Major disorganization or stress or negative involvement with youth.

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 this child already have a mentor? Yes No